

## **Exhibit H**



# W. R. Grace Asbestos Personal Injury Questionnaire

RE: **REDACTED**

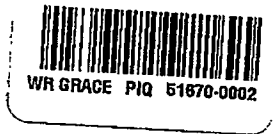
Motley Rice LLC

P.O. Box 1792

Mount Pleasant, SC 29465

REC'D JUL 11 2006





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IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE

In re: ) Chapter 11  
 )  
W. R. GRACE & CO., et al., ) Case No. 01-01139 (JKF)  
 ) Jointly Administered  
Debtors. )  
 )

## W. R. Grace Asbestos Personal Injury Questionnaire

YOU HAVE RECEIVED THIS QUESTIONNAIRE BECAUSE GRACE BELIEVES THAT YOU HAD SUED ONE OR MORE OF THE DEBTORS LISTED IN APPENDIX A ATTACHED TO THIS QUESTIONNAIRE BEFORE GRACE FILED FOR BANKRUPTCY ON APRIL 2, 2001 FOR AN ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH CLAIM, AND THAT CLAIM WAS NOT FULLY RESOLVED.

IF YOU HAVE SUCH A CLAIM, YOU MUST COMPLETE AND SUBMIT THIS QUESTIONNAIRE BY JANUARY 12, 2006 TO RUST CONSULTING, INC., THE CLAIMS PROCESSING AGENT, AT ONE OF THE FOLLOWING ADDRESSES:

IF SENT BY U.S. MAIL

RUST CONSULTING, INC.  
CLAIMS PROCESSING AGENT  
RE: W.R. GRACE & CO. BANKRUPTCY  
P.O. BOX 1620  
FARIBAULT, MN 55021

IF SENT BY FEDERAL EXPRESS, UNITED PARCEL SERVICE, OR A SIMILAR HAND DELIVERY SERVICE

RUST CONSULTING, INC.  
CLAIMS PROCESSING AGENT  
RE: W.R. GRACE & CO. BANKRUPTCY  
201 S. LYNDAL AVE.  
FARIBAULT, MN 55021

A QUESTIONNAIRE (AND ANY AMENDMENTS OR ADDITIONAL DOCUMENTS IN SUPPORT OF THE QUESTIONNAIRE) WILL NOT BE CONSIDERED UNLESS RECEIVED BY RUST CONSULTING, INC. BY JANUARY 12, 2006.

THIS QUESTIONNAIRE IS AN OFFICIAL DOCUMENT APPROVED BY THE COURT IN CONNECTION WITH ESTIMATING GRACE'S ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE. THE QUESTIONNAIRE IS BEING USED BY W. R. GRACE AS A MEANS TO SEEK INFORMATION ABOUT YOUR ASBESTOS CLAIM. BY TIMELY RETURNING THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE, GRACE, THE OFFICIAL COMMITTEES, AND THE FUTURE CLAIMANTS REPRESENTATIVE WILL SEEK TO PRIORITIZE THE PROCESSING OF YOUR CLAIM UNDER ANY TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION.

THE COURT HAS ORDERED THAT, AS PART OF THE DISCOVERY PROCESS, ALL HOLDERS OF PRE-PETITION ASBESTOS PERSONAL INJURY CLAIMS MUST COMPLETE AND RETURN THIS QUESTIONNAIRE. THUS, FAILURE TO TIMELY RETURN THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE MAY RESULT IN SANCTIONS AND/OR OTHER RELIEF AVAILABLE UNDER APPLICABLE FEDERAL RULES.

BECAUSE YOUR CLAIM WILL BE EVALUATED IN ACCORDANCE WITH THE TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION, COMPLETION OF THIS QUESTIONNAIRE DOES NOT MEAN THAT YOUR CLAIM WILL EITHER BE ALLOWED OR PAID. TO THE EXTENT YOU ATTACH TO THIS QUESTIONNAIRE DOCUMENTS ALSO NEEDED BY THE TRUST TO PROCESS YOUR CLAIM, SUCH DOCUMENTS WILL BE PROVIDED TO THE TRUST AND YOU WILL NOT NEED TO RESUBMIT THEM.



### INSTRUCTIONS

#### **A. GENERAL**

1. This Questionnaire refers to any lawsuit that you filed before April 2, 2001 for an "asbestos-related personal injury or wrongful death claim." This term is intended to cover any lawsuit alleging any claim for personal injuries or damages that relates to: (a) exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors (or any of their respective past or present affiliates, or any of the predecessors of any of the Debtors or any of their respective past or present affiliates), or (b) exposure to vermiculite mined, milled or processed by the Debtors (or any of their respective past or present affiliates, any of the predecessors of any of the Debtors or any of their predecessors' respective past or present affiliates). It includes claims in the nature of or sounding in tort, or under contract, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, or indemnity, or any other theory of law or equity, or admiralty for, relating to, or arising out of, resulting from, or attributable to, directly or indirectly, death, bodily injury, sickness, disease, or other personal injuries or other damages caused, or allegedly caused, directly or indirectly, and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors. It includes all such claims, debts, obligations or liabilities for compensatory damages such as loss of consortium, personal or bodily injury (whether physical, emotional or otherwise), wrongful death, survivorship, proximate, consequential, general, special, and punitive damages.
2. Your Questionnaire will be deemed filed only when it has been received by Rust Consulting Inc., the Claims Processing Agent, via U.S. Mail, Federal Express, United Parcel Service or a similar hand delivery service. A Questionnaire that is submitted by facsimile, telecopy or other electronic transmission will not be accepted and will not be deemed filed.  
  
Do not send any Questionnaire to the Debtors, counsel for the Debtors, the Future Claimants Representative, the Official Committee of Unsecured Creditors, the Official Committee of Asbestos Personal Injury Claimants, the Official Committee of Asbestos Property Damage Claimants, the Official Committee of Equity Security Holders, or such Committees' counsel. Questionnaires that are filed with or sent to anyone other than Rust Consulting, Inc. will be deemed not to have been submitted, and such Questionnaires will not be considered.
3. Your completed Questionnaire must (i) be written in English, and (ii) attach relevant supporting materials as instructed further below.
4. All holders of claims described on page i (and as described in further detail in Instruction A (1) above) are required to file this Questionnaire by Jan. 12, 2006. Your Questionnaire will be used in connection with the estimation hearing to be conducted by the Court pursuant to the Estimation Procedures Order (a copy of which is attached as Appendix B).
5. Any subsequent amendment to the Questionnaire will not be considered for any purpose unless received by Jan. 12, 2006.

#### **B. PART I -- Identity of Injured Person and Legal Counsel**

Respond to all applicable questions. If you are represented by a lawyer, then in Part I (b), please provide your lawyer's name and the name, telephone number and address of his/her firm. If you are represented by a lawyer, he/she must assist in the completion of this Questionnaire. Also, if you would prefer that the Debtors send any additional materials only to your lawyer, instead of sending such materials to you, then check the box indicating this in Part I (b).

All references to "you" or the like in Parts I through X shall mean the injured person. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete this Questionnaire.

#### **C. PART II -- Asbestos-Related Condition(s)**

Please indicate all asbestos-related medical conditions for which you have been diagnosed. To complete questions related to injuries, medical diagnoses, and/or conditions, please use the following categories of customarily diagnosed conditions:

- Mesothelioma
- Asbestos-Related Lung Cancer
- Other Cancer (colon, laryngeal, esophageal, pharyngeal, or stomach)
- Clinically Severe Asbestosis
- Asbestosis
- Other Asbestos Disease

If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

**Supporting Documents for Diagnosis:** This Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that support or conflict with your diagnosis.

**X-rays and B-reads:** Please attach all x-ray readings and reports. You may, but are not required to, attach chest x-rays. The court, however, has ruled that Grace may seek access to chest x-rays upon request.

**Pulmonary Function Tests:** Please attach all pulmonary function test results, including the actual raw data and all spirometric tracings, on which the results are based.



WR GRACE PIQ 51870-0005

**D. PART III – Direct Exposure to Grace Asbestos-Containing Products**

In Part III, please provide the requested information for the job and site at which you were exposed to Grace asbestos-containing products. Indicate the dates of exposure to each Grace asbestos-containing product. If your exposure was a result of your employment, use the list of occupation and industry codes below to indicate your occupation and the industry in which you worked at each site. If you allege exposure to Grace asbestos-containing products at multiple sites, the Court has ordered that you must complete a separate Part III for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

Attach copies of any and all documents establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the disease.

**Occupation Codes**

- |  |   |
|--|---|
| 01. Air conditioning and heating installer/maintenance           | 31. Iron worker   |
| 02. Asbestos miner   | 32. Joiner  |
| 03. Asbestos plant worker/asbestos manufacturing worker          | 33. Laborer   |
| 04. Asbestos removal/abatement                                   | 34. Longshoreman  |
| 05. Asbestos sprayer/spray gun mechanic                          | 35. Machinist/machine operator                            |
| 06. Assembly line/factory/plant worker                           | 36. Millwright/mill worker                                |
| 07. Auto mechanic/bodywork/brake repairman                       | 37. Mixer/bagger  |
| 08. Boilermaker  | 38. Non-asbestos miner                                    |
| 09. Boiler repairman   | 39. Non-occupational/residential                          |
| 10. Boiler worker/cleaner/inspector/engineer/installer           | 40. Painter   |
| 11. Building maintenance/building superintendent                 | 41. Pipefitter  |
| 12. Brake manufacturer/installer                                 | 42. Plasterer   |
| 13. Brick mason/layer/hod carrier                                | 43. Plumber - install/repair                              |
| 14. Burner operator  | 44. Power plant operator                                  |
| 15. Carpenter/woodworker/cabinetmaker                            | 45. Professional (e.g., accountant, architect, physician) |
| 16. Chipper  | 46. Railroad worker/carman/brakeman/machinist/conductor   |
| 17. Clerical/office worker                                       | 47. Refinery worker                                       |
| 18. Construction - general                                       | 48. Remover/installer of gaskets                          |
| 19. Custodian/janitor in office/residential building             | 49. Rigger/stevedore/seaman                               |
| 20. Custodian/janitor in plant/manufacturing facility            | 50. Rubber/tire worker                                    |
| 21. Electrician/inspector/worker                                 | 51. Sandblaster   |
| 22. Engineer   | 52. Sheet metal worker/sheet metal mechanic               |
| 23. Firefighter  | 53. Shipfitter/shipwright/ship builder                    |
| 24. Fireman  | 54. Shipyard worker (md. repair, maintenance)             |
| 25. Flooring installer/tile installer/tile mechanic              | 55. Steamfitter   |
| 26. Foundry worker   | 56. Steelworker   |
| 27. Furnace worker/repairman/installer                           | 57. Warehouse worker                                      |
| 28. Glass worker   | 58. Welder/blacksmith                                     |
| 29. Heavy equipment operator (includes truck, forklift, & crane) | 59. Other   |
| 30. Insulator  |   |

**Industry Codes**

- |  |  |
|--|--|
| 001. Asbestos abatement/removal          | 109. Petrochemical                             |
| 002. Aerospace/aviation                  | 110. Railroad                                  |
| 100. Asbestos mining                     | 111. Shipyard-construction/repair              |
| 101. Automotive                          | 112. Textile                                   |
| 102. Chemical                            | 113. Tire/rubber                               |
| 103. Construction trades                 | 114. U.S. Navy                                 |
| 104. Iron/steel                          | 115. Utilities                                 |
| 105. Longshore                           | 116. Grace asbestos manufacture or milling     |
| 106. Maritime                            | 117. Non-Grace asbestos manufacture or milling |
| 107. Military (other than U.S. Navy)     | 118. Other                                     |
| 108. Non-asbestos products manufacturing |  |



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**E. PART IV – Indirect Exposure to Grace Asbestos-Containing Products**

In Part IV, please provide the information requested for any injury alleged to have been caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person. If you allege exposure through contact/proximity with multiple injured persons, please complete a separate Part IV for each injured person. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

**F. PART V – Exposure to Non-Grace Asbestos-Containing Products**

In Part V, please provide the requested information for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate Part V for each party. If exposure was in connection with your employment, use the list of occupation and industry codes in Part III to indicate your occupation and the industry in which you worked. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

**G. PART VI – Employment History**

In Part VI, please provide the information requested for each industrial job you have held, other than jobs already listed in Parts III or V. Use the list of occupation and industry codes in the instructions to Part III to indicate your occupation and the industry in which you worked for each job. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

**H. PART VII – Litigation and Claims Regarding Asbestos and/or Silica**

In Part VII, please describe any lawsuits and/or claims that were filed by you or on your behalf regarding asbestos or silica.

**I. PART VIII – Claims by Dependents or Related Persons**

Part VIII is to be completed only by dependents or related persons (such as spouse or child) of an injured person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim against Grace not involving physical injury to him-/herself on account of his/her own exposure. One example of such a claim would be a claim for loss of consortium. If you are asserting such a claim, complete the entire Questionnaire, providing all information and documentation regarding the injured person.

**J. PART IX – Supporting Documentation**

In Part IX, please mark the boxes next to each type of document that you are submitting with this Questionnaire. As indicated in the instructions to Parts II and III, this Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that (a) support or conflict with your diagnosis and/or (b) establish exposure to Grace asbestos-containing products as having a substantial causal role in the development of the medical diagnoses, and/or conditions claimed. Original documents provided to Grace will be returned within a reasonable time after its professionals and experts have reviewed the documents.

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such cost.

**K. PART X – Attestation that Information is True, Accurate and Complete**

By signing Part X, you, the injured person, are attesting and swearing, under penalty of perjury, that, to the best of your knowledge, all of the information in this Questionnaire is true, accurate and complete. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete and sign Part X on behalf of the injured person.

The legal representative of the injured person must complete and sign Part X where indicated.

**PART I: IDENTITY OF INJURED PERSON AND LEGAL COUNSEL****a. GENERAL INFORMATION**

1. Name of Claimant:
2. Gender: Male
3. Race (for purposes of evaluating Pulmonary Function Test results): Not Available
4. Last Four Digits of Social Security Number:
5. Birth Date: REDACTED
6. Mailing Address: REDACTED
7. Daytime Telephone Number:

REDACTED

**b. LAWYER'S NAME AND FIRM**

1. Name of Lawyer: Joseph F. Rice, Esquire
2. Name of Law Firm With Which Lawyer is Affiliated: Motley Rice LLC
3. Mailing Address of Firm: Post Office Box 1792  
Mount Pleasant, SC 29465
4. Law Firm's Telephone Number or Lawyer's Direct Line: 843-216-9000

☒ Check this box if you would like the Debtors to send subsequent material relating to your claim to your lawyer, in lieu of sending such materials to you.

**c. CAUSE OF DEATH (IF APPLICABLE)**

1. Is the injured person living or deceased? Living

If deceased, date of death:

2. If the injured person is deceased, then attach a copy of the death certification to this Questionnaire and complete the following:

Primary Cause of Death (as stated in the Death Certificate):

Contributing Cause of Death (as stated in the Death Certificate):

**PART II: ASBESTOS-RELATED CONDITION(S)**

Mark the box next to the conditions with which you have been diagnosed and provide all information required in the instructions to this Questionnaire. If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire

**1. Condition being alleged: See attached Medical Profile and attached Medical Records**

- ☐ Asbestos-Related Lung Cancer ☐ Mesothelioma
- ☐ Asbestosis ☐ Other Cancer (cancer not related to lung cancer or mesothelioma)
- ☐ Other Asbestos Disease ☐ Clinically Severe Asbestosis

- a. **Mesothelioma:** If alleging Mesothelioma, were you diagnosed with malignant mesothelioma based on the following (check all that apply):

[Objection 1] diagnosis from a pathologist certified by the American Board of Pathology

[Objection 1] diagnosis from a second pathologist certified by the American Board of Pathology





[**Objection 1**] diagnosis and documentation supporting exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition

[ ] other (please specify):

- b. **Asbestos-Related Lung Cancer:** If alleging Asbestos-Related Lung Cancer, were you diagnosed with primary lung cancer based on the following (check all that apply):

[**Objection 1**] findings by a pathologist certified by the American Board of Pathology

[**Objection 1**] evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health

[**Objection 1**] evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health

[**Objection 1**] evidence of asbestosis determined by pathology

[**Objection 1**] evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health

[**Objection 1**] evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health

[**Objection 1**] diffuse pleural thickening as defined in the International Labour Organization's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)

[**Objection 2**] a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer

other (please specify):

- c. **Other Cancer:**

- (i) If alleging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged:

☐ colon ☐ pharyngeal ☐ esophageal ☐ laryngeal ☐ stomach cancer

[ ] other, please specify:

- (ii) Were you diagnosed with the above-indicated cancer based on the following (check all that apply):

[**Objection 1**] findings by a pathologist certified by the American Board of Pathology

[**Objection 1**] evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health

[**Objection 1**] evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health

[ ] evidence of asbestosis determined by pathology

[**Objection 2**] a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer

[ ] other (please specify):

- d. **Clinically Severe Asbestosis:** If alleging Clinically Severe Asbestosis, was your diagnosis based on the following (check all that apply):



[**Objection 1**] diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine

[**Objection 1**] a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health

[**Objection 1**] a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health

☐ asbestosis determined by pathology

☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating total lung capacity less than 65% predicted

☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted

[**Objection 2**] a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis

☐ other (please specify):

e. **Asbestosis:** If alleging Asbestosis, was your diagnosis based on the following (check all that apply):

[**Objection 1**] diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine

[**Objection 1**] a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)

[**Objection 1**] a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)

☐ asbestosis determined by pathology

☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted

[**Objection 2**] a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis

☐ other (please specify):

f. **Other Asbestos Disease:** If alleging any asbestos-related injuries, medical diagnoses, and/or conditions other than those above, was your diagnosis based on the following (check all that apply):

[**Objection 1**] diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine

☐ diagnosis determined by pathology

[**Objection 1**] a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)

[**Objection 1**] a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of*



*Radiographs and Pneumoconioses (2000)*

☐ a chest x-ray reading other than those described above

☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted

☐ a pulmonary function test other than that discussed above

**[Objection 2]** a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition

☐ a CT Scan or similar testing

☐ a diagnosis other than those above

☐ other (please specify):

**2. Information Regarding Diagnosis See Attached Medical Profile and Medical Records**

**Date of Diagnosis:**

**Diagnosing Doctor's Name:**

**Diagnosing Doctor's Specialty:**

**[ Objection 1]**

**Diagnosing Doctor's Mailing Address:**

**[ Objection 2]**

**Diagnosing Doctor's Daytime Telephone Number:**

**[ Objection 2]**

**With respect to your relationship to the diagnosing doctor, check all applicable boxes:**

Was the diagnosing doctor your personal physician?

**[ Objection 3]**

Was the diagnosing doctor paid for the diagnostic services that he/she performed? **[ Objection 3]**

*If yes, please indicate who paid for the services performed:*

Did you retain counsel in order to receive any of the services performed by the diagnosing doctor?

**[ Objection 3]**

Was the diagnosing doctor referred to you by counsel?

**[ Objection 3]**

Are you aware of any relationship between the diagnosing doctor and your legal counsel?

**[ Objection 3]**

*If yes, please explain:*

Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis?

**[ Objection 1]**

Was the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis?

**[ Objection 1]**

Was the diagnosing doctor provided with your complete occupational, medical and smoking history prior to diagnosis?

**See Attached Medical Records**

Did the diagnosing doctor perform a physical examination?

**See Attached Medical Records**

Do you currently use tobacco products?

**See Attached Medical Profile**

Have you ever used tobacco products?

**See Attached Medical Profile**

*If answer to either question is yes, please indicate whether you have regularly used any of the following tobacco products and the dates and frequency with which such products were used:*



<input type="checkbox"/> Cigarettes	Packs Per Day (half pack = .5)	Start Year	End Year
<input type="checkbox"/> Cigars	Cigars Per Day	Start Year	End Year
<input type="checkbox"/> If Other Tobacco Products, please specify (e.g., chewing tobacco):			
	Amount Per Day	Start Year	End Year

Have you ever been diagnosed with chronic obstructive pulmonary disease ("COPD")?

If yes, please attach all documents regarding such diagnosis and explain the nature of the diagnosis: See Attached Medical Records

### 3. Information Regarding Chest X-Ray Objection 3

Please check the box next to the applicable location where your chest x-ray was taken (check one):

☐ Mobile      ☐ Job site      ☐ Union Hall      ☐ Doctor office      ☐ Hospital      ☐ Other:  
laboratory

Address where chest x-ray taken: Objection 3

### 4. Information Regarding Chest X-Ray Reading See Objection Below and Attached Medical Profile

Date of Reading:

ILO score:

Name of Reader:

Reader's Daytime Telephone Number: Objection 3

Reader's Mailing Address: Objection 3

With respect to your relationship to the reader, check all applicable boxes:

Was the reader paid for the services that he/she performed [Objection 3]

If yes, please indicate who paid for the services performed:

Did you retain counsel in order to receive any of the services performed by the reader? [Objection 3]

Was the reader referred to you by counsel? [Objection 3]

Are you aware of any relationship between the reader and your legal counsel? [Objection 3]

If yes, please explain:

Was the reader certified by the National Institute for Occupational Safety and Health at the time of the reading? [Objection 2]

If the reader is not a certified B-reader, please describe the reader's occupation, specialty, and the method through which the reading was made:

[Objection 2]

### 5. Information Regarding Pulmonary Function Test: See Objections Below and Attached Medical Profile or Medical Records

Date of Test:

List your height in feet and inches when test given: \_\_\_\_\_ ft \_\_\_\_\_ inches

List your weight in pounds when test given: \_\_\_\_\_ lbs

Total Lung Capacity (TLC): \_\_\_\_\_ % of predicted

Forced Vital Capacity (FVC): \_\_\_\_\_ % of predicted

FEV1/FVC Ratio: \_\_\_\_\_ % of predicted



Name of Doctor Performing Test (if applicable):

Doctor's Specialty: Objection 2

Name of Clinician Performing Test (if applicable):

Testing Doctor or Clinician's Mailing Address: Objection 2

Testing Doctor or Clinician's Daytime Telephone Number: Objection 2

Name of Doctor Interpreting Test:

Doctor's Specialty: Objection 2

Interpreting Doctor's Mailing Address: Objection 2

Interpreting Doctor's Daytime Telephone Number: Objection 2

**With respect to your relationship to the doctor or clinician who performed the pulmonary function test check all applicable boxes:**

If the test was performed by a doctor, was the doctor your personal physician? [Objection 3]

Was the testing doctor and/or clinician paid for the services that he/she performed? [Objection 3]

*If yes, please indicate who paid for the services performed:* [Objection 3]

Did you retain counsel in order to receive any of the services performed by the testing doctor or clinician? [Objection 3]

Was the testing doctor or clinician referred to you by counsel? [Objection 3]

Are you aware of any relationship between either the doctor or clinician and your legal counsel? [Objection 3]

*If yes, please explain:*

Was the testing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the pulmonary function test? [Objection 2]

**With respect to your relationship to the doctor interpreting the results of the pulmonary function test check all applicable boxes:**

Was the doctor your personal physician? [Objection 3]

Was the doctor paid for the services that he/she performed? [Objection 3]

*If yes, please indicate who paid for the services performed:* [Objection 3]

Did you retain counsel in order to receive any of the services performed by the doctor? [Objection 3]

Was the doctor referred to you by counsel? [Objection 3]

Are you aware of any relationship between the doctor and your legal counsel? [Objection 3]

*If yes, please explain*

Was the doctor interpreting the pulmonary function test results certified as a pulmonologist or internist by the American Board of Internal Medicine at the time the test results were reviewed? [Objection 2]

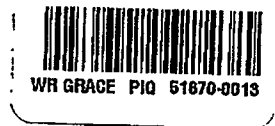
**6. Information Regarding Pathology Reports: See Objections Below and Attached Medical Profile or Medical Records**

Date of Pathology Report:

Findings:

Name of Doctor Issuing Report:

Doctor's Specialty: [Objection 2]



Doctor's Mailing Address: [Objection 2]

Doctor's Daytime Telephone Number: [Objection 2]

With respect to your relationship to the doctor issuing the pathology report, check all applicable boxes:

Was the doctor your personal physician? [Objection 3]

Was the doctor paid for the services that he/she performed? [Objection 3]

*If yes, please indicate who paid for the services performed:* [Objection 3]

Did you retain counsel in order to receive any of the services performed by the doctor? [Objection 3]

Was the doctor referred to you by counsel? [Objection 3]

Are you aware of any relationship between the doctor and your legal counsel? [Objection 3]

*If yes, please explain:* [Objection 3]

Was the doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? [Objection 2]

**7. With respect to the condition alleged, have you received medical treatment from a doctor for the condition?**

*If yes, please complete the following:*

**Name of Treating Doctor:**

**Treating Doctor's Specialty:** Objection 2

**Treating Doctor's Mailing Address:** Objection 2

**Treating Doctor's Daytime Telephone number:** Objection 2

**Was the doctor paid for the services that he/she performed?** Objection 3

*If yes, please indicate who paid for the services performed:* Objection 3

**Did you retain counsel in order to receive any of the services performed by the doctor?** Objection 3

**PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS**

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Grace asbestos-containing products  
 (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others  
 (b) A worker who personally removed or cut Grace asbestos-containing products  
 (e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others  
 (c) A worker who personally installed Grace asbestos-containing products  
 (f) If other, please specify.

**Site of Exposure: See Grace Exposure Profile Attached hereto**

Site Name:

Location:

Site Type:

Site Owner:

Employer During Exposure:

Unions of which you were a member during your employment:

☐ Residence ☐ Business

Product(s)	Basis for Identification of Each Grace Product	Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code If Code 59, specify.	Industry Code If Code 118, specify.	Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? If Yes, please indicate your regular proximity to such areas	Nature of Exposure
Job N Description:						



WR GRACE PIQ 51870-8014



**PART IV: INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS**

1. Are you asserting an injury caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person? [See Attached Grace Exposure Profile]

*If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.*

2. Please indicate the following information regarding the other injured person:

Name of Other Injured Person:

Gender:

Last Four Digits of Social Security Number:

Birth Date:

3. What is your Relationship to Other Injured Person:

4. Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:

5. Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products: From: To:

6. Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product:

7. Has the Other Injured Person filed a lawsuit related to his/her exposure?

*If yes, please provide caption, case number, file date, and court name for the lawsuit:*

Caption:

Case Number:

File Date:

Court Name:

8. Nature of Your Own Exposure to Grace Asbestos-Containing Product:

9. Dates of Your Own Exposure to Grace Asbestos-Containing Product: From: To:

10. Your Basis for Identification of Asbestos-Containing Product as Grace Product:



**PART V: EXPOSURE TO NON-GRACE ASBESTOS-CONTAINING PRODUCTS****See Attached Non Grace Exposure Profile**

Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Non-Grace asbestos-containing products (d) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (b) A worker who personally removed or cut Non-Grace asbestos-containing products (e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (c) A worker who personally installed Non-Grace asbestos-containing products (f) If other, please specify.

Party Against which Lawsuit or Claim was Filed:		Product(s)	Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code If Code 59, specify.	Industry Code If Code 118, specify.	Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? If Yes, please indicate your regular proximity to such areas	Nature of Exposure
Site of Exposure N	Job N Description:						
Site Name:	Job P Description:						
Address:							
City and State:							
Site Owner:							





## PART VI: EMPLOYMENT HISTORY

See Attached Exposure Profile

Other than jobs listed in Part III or V, please complete this Part VI for all of your prior industrial work experience up to and including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

**Occupation Code:**

If Code 59, specify:

**Industry Code:**

If Code 118, specify:

**Employer:**

**Beginning of Employment:**

**End of Employment:**

**Location:**



PART VII: LITIGATION AND CLAIMS REGARDING ASBESTOS AND/OR SILICA

a. LITIGATION

1. Have you ever been a plaintiff in a lawsuit regarding asbestos or silica? [Yes]

*If yes, please complete the rest of this Part VII(a) for each lawsuit. For your convenience, additional copies of Part VII are attached as Appendix G to this Questionnaire*

2. Please provide the caption, case number, file date, and court name for the lawsuit you filed: See Attached Litigation Profile and Objection 4

Caption:

Case Number:

File Date:

Court Name:

3. Was Grace a defendant in the lawsuit? ["Yes, but verification of this information can be achieved by referencing litigation documents, pleadings, and records in the Debtors' possession."]

4. Was the lawsuit dismissed against any defendant? [Objection 4]

*If yes, please provide the basis for dismissal of the lawsuit against each defendant:*

5. Has a judgment or verdict been entered? [Objection 4]

*If yes, please indicate verdict amount for each defendant(s):*

6. Was a settlement agreement reached in this lawsuit?

*If yes and the settlement was reached on or after April 2, 2001, please indicate the following:*

- a. Settlement amount for each defendant: [Objection 4]

- b. Applicable defendants: [Objection 4]

- c. Disease or condition alleged: [Objection 4]

- d. Disease or condition settled (if different than disease or condition alleged): [Objection 4]

7. Were you deposed in this lawsuit?

*If yes and Grace was not a party in the lawsuit, please attach a copy of your deposition to this Questionnaire.*

b. CLAIMS

1. Have you ever asserted a claim regarding asbestos and/or silica, including but not limited to a claim against an asbestos trust (other than a formal lawsuit in court)? [Objection 4]

*If yes, please complete the rest of this Part VII(b). If no, please skip to Part VIII.*

2. Date the claim was submitted: [Objection 4]

3. Person or entity against whom the claim was submitted: [Objection 4]

4. Description of claim: [Objection 4]

5. Was claim settled? [Objection 4]

6. Please indicate settlement amount: [Objection 4]

7. Was the claim dismissed or otherwise disallowed or not honored? [Objection 4]

*If yes, provide the basis for dismissal of the claim:*

**PART VIII: CLAIMS BY DEPENDENTS OR RELATED PERSONS**

Name of Dependent or Related Person: N/A  
 Gender:  
 Last Four Digits of Social Security Number:  
 Birth Date:  
 Financially Dependent:  
 Relationship to Injured Party: ☐ Spouse ☐ Child ☐ Other If other, please specify  
 Mailing Address:  
 Daytime Telephone number:

**PART IX: SUPPORTING DOCUMENTATION**

Please use the checklists below to indicate which documents you are submitting with this form. **See Attached Documents**

**Copies:**

<input type="checkbox"/> Medical records and/or report containing a diagnosis	<input type="checkbox"/> X-rays
<input type="checkbox"/> Lung function test results	<input type="checkbox"/> X-ray reports/interpretations
<input type="checkbox"/> Lung function test interpretations	<input type="checkbox"/> CT scans
<input type="checkbox"/> Pathology reports	<input type="checkbox"/> CT scan reports/interpretations
<input type="checkbox"/> Supporting documentation of exposure to Grace asbestos-containing products	<input type="checkbox"/> Depositions from lawsuits indicated in Part VII of this Questionnaire
<input type="checkbox"/> Supporting documentation of other asbestos exposure	<input type="checkbox"/> Death Certification

**Originals:**

<input type="checkbox"/> Medical records and/or report containing a diagnosis	<input type="checkbox"/> Supporting documentation of other asbestos exposure
<input type="checkbox"/> Lung function test results	<input type="checkbox"/> X-rays
<input type="checkbox"/> Lung function test interpretations	<input type="checkbox"/> X-ray reports/interpretations
<input type="checkbox"/> Pathology reports	<input type="checkbox"/> CT scans
<input type="checkbox"/> Supporting documentation of exposure to Grace asbestos' containing products	<input type="checkbox"/> CT scan reports/interpretations
	<input type="checkbox"/> Death Certification

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such costs:



**PART X: ATTESTATION THAT INFORMATION IS TRUE AND ACCURATE**

The information provided in this Questionnaire must be accurate and truthful. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your Claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.

**TO BE COMPLETED BY THE INJURED PERSON. Objection 5**

I swear, under penalty of perjury, that, to the best of my knowledge, all of the foregoing information contained in this Questionnaire is true, accurate and complete.

Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**TO BE COMPLETED BY THE LEGAL REPRESENTATIVE OF THE INJURED PERSON.**

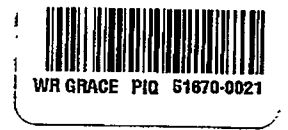
I swear that, to the best of my knowledge, all of the information contained in this Questionnaire is true, accurate and complete.

A handwritten signature in cursive script, appearing to read "Joseph F. Rice", is written over the signature line.

Signature:

Please Print Name: Joseph F. Rice, Esquire

Date: 07/10/2006



**Per Motley Rice cover letter: “Enclosed with this packet is a CD that sets forth Product Identification evidence...”.**

**The information contained on this CD has been attached and can be referenced at PIQ Doc ID 51574, pages 21 to 4363.**



### Motley Rice LLC Medical Profile

#### Asbestos Related Diagnosis Information

Disease Category	Diagnosis	Primary	DX-Date	Physician	Exam Type
Non Malignant	Asbestosis		05/06/1997	Gaziano, Dominic	Physical Exam

#### Radiology Information

Type	X-Ray/CT Scan Date	Impression	Report Date	Physician	Facility
------	--------------------	------------	-------------	-----------	----------

#### B-Reading Information

X-Ray Date	Date of Reading	B-Reader	FQ	Completely Negative?	CXR Profusion	Pleural	B2 or Greater?	Other Symbols
09/09/1996	09/28/1996	Gaziano, Dominic	1	No	1/1			

#### PFT Information

Type	PFT-Date	PFT-Facility	FVC%	FEV1/FVC	TLC%	DLCO%
Pre - Rx	04/25/1997	Chest Medical Services	109.0	81	99.0	89.0
Pre - Rx	06/13/2005	Ashland Medical Group	103.0	81	109.0	95.0

#### Tobacco History

Did the individual formerly smoke? Yes

Is the individual currently smoking? No

Has the individual ever used any smokeless tobacco products? Yes

Type	Volume (Per Day)	Quantity	Start Year	End Year	Pack Years
Cigarettes	Packs	1 PPD	12/31/1967	12/31/1983	

114700.000

**Motley Rice LLC Asbestos Exposure Profile**

Exposée Name  
Last 4 of SSN

**REDACTED****A. W.R. Grace & Company Exposure**

Job Site	Start - End Date	Employer / Union	Industry	Occupation
Dayton Malleable Iron Company	1969 - 1984	Dayton Malleable Foundry / N. A.		
<b>Products:</b> Zonolite High Temperature Cement - W.R. Grace & Company Zonolite Monokote Fireproofing (MK-3) - W.R. Grace & Company				

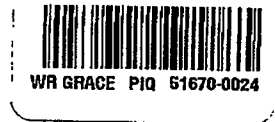
**B. Other Asbestos Exposure**

Job Site	Start - End Date	Employer / Union	Industry	Occupation
Allied Chemical Corp.	1988 - Present	Armco Inc. / N. A.		



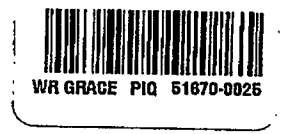
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**Motley Rice LLC Asbestos Litigation Profile**



<b>Caption</b>	<b>Court</b>	<b>Civil Action Number</b>	<b>State Filed</b>	<b>Date Filed</b>
Hankins et al. vs. Anchor Packing Co., et al.	Boyd County Circuit Court of Kentucky	97-CI-00824	KY	08/21/1997

**Motley Rice LLC -- Medical Documentation Follows**





D. GAZIANO, M.D.  
CHEST MEDICAL SERVICES, INC.

BOARD CERTIFIED IN  
INTERNAL MEDICINE - DISEASES OF CHEST

SUITE 404  
3100 MACCORKLE AVENUE, S.E.  
CHARLESTON, WEST VIRGINIA 25304

TELEPHONE 304-346-1811  
FAX 304-343-3086

May 6, 1997

Ness, Motley, Loadholt, Richardson & Poole  
P.O. Box 365  
Barnwell, SC 29812

Re: **REDACTED**

Dear Sirs:

was seen in my office at your request on 4/25/97 for evaluation of occupational lung disease.

**Occupational History:** This 46 year old man worked in a foundry from 1969 to 1984 making casting for automobiles. He was exposed to asbestos around ovens and pipes from ovens covered with asbestos. He tore asbestos off ovens to make repairs. From 1984 to 1988 he did body work on automobiles with exposure to silica from molds of sand at the foundry. He also did some protected sand blasting in auto finishing. Since 1988 he has worked at A. K. Steel in equipment operations with exposure to asbestos siding.

**Past Medical History:** He had varicose vein stripping in 1994. No other serious illnesses or operations. No known drug allergies. He takes no medications.

**Smoking History:** He smoked one pack of cigarettes a day for 16 years and stopped smoking in 1984.

**Review of Systems:** He has mild hearing loss on the left. He wears reading glasses. He has occasional back pain. No cough or phlegm. He gets short of breath with exertion or climbing stairs. No chest pain or heart disease. He has nocturia. The review of systems is otherwise unremarkable.

**Family History:** Father, mother, wife, one sister and two children living and well.

**Physical Examination:** Height 5'10 1/2", weight 203#, pulse 80, BP 160/85, respirations 16. Well-developed, well-nourished man in no acute distress. Pupils were round, equal, and reactive to light and accommodation. Conjunctivae pink. Canals clear. Tympanic membranes normal. Nasal septum was intact. Tongue was in the midline. Throat was negative. Neck was supple with no mass or thyroid enlargement. Lungs had rales laterally bilaterally which did not clear with cough. Heart was regular without murmur, thrill, gallop or cardiac enlargement. The abdomen was flat and soft with no mass or organ enlargement. Extremities

REDACTED



WR GRACE PIQ 51670-0027

Ness, Motley, Loadholt, Richardson & Poole  
Re:  
Page 2

REDACTED

revealed good pulses without edema or clubbing.

Chest X-ray: Chest x-ray of 9/9/96 showed irregular opacities throughout both lungs.

Pulmonary Function Test: Normal ventilatory function. Lung volumes were normal. Diffusing capacity for carbon monoxide was normal.

It is my opinion that has asbestosis with a minimal degree of pulmonary functional impairment.

It is my understanding that you will provide with a copy of this report. I would recommend that he obtain yearly chest x-rays and pulmonary function tests every two years. If his physician should have any questions concerning this exam, please feel free to contact me.

Sincerely yours,

*D. Gaziano*

Dominic Gaziano, M.D.

DG/lyl

REDACTED



3100 MacCORKLE AVE., S.R. SUITE 404  
CHARLESTON, W.V. 25304 (304) 346-1811

AGE: 46 SEX: M HT: 70.0 in DATE: 04/25/97  
WT: 203.0 lb TIME: 09:30:22  
OCC:

PK HX:

AGNOSIS:

PHYSICIAN: DR. GAZIANO

TEMP: 23.6  
BP: 760

HAZARD:  
TECH: BEVERLY MARSH

		Predicted	Pre-Drug*	
			Actual	%Pred
Spirometry				
VC	(L)	4.97	5.42	109
FV1	(L)	3.70	4.38	118
FV1/FVC	(%)	74	81	109
FV3	(L)	4.83	4.95	103
FV3/FVC	(%)	97	91	94
FEF25-75%	(L/S)	3.73	4.97	133
FEFmax	(L/S)	9.20	9.34	102
ET	(SEC)		12.94	

		Predicted	Pre-Drug*	
			Actual	%Pred
Spirometry				
RV	(L/MIN)	137	140	103
Rest Length	(SEC)		10.00	

		Predicted	Pre-Drug* Avg	
			Actual	%Pred
Lung Volumes				
IC	(L)	7.11	7.01	99
RC	(L)	3.94	3.45	88
I	(L)	2.14	1.83	86
C	(L)	4.97	5.17	104
E	(L)	3.17	3.56	112
RV	(L)	1.81	1.62	89
I/TLC	(%)	30	26	87
Equil.	(MIN)		2.75	

		Predicted	Pre-Drug* 3G	
			Actual	%Pred
Diffusion				
sb(adj) ml/min/mmHg		36.93	33.03	89
a(sb) (L)		7.11	6.89	97
/VA(adj)		5.41	4.79	89
c (gm/100ml)			16.30	
OHb (%)			2.20	

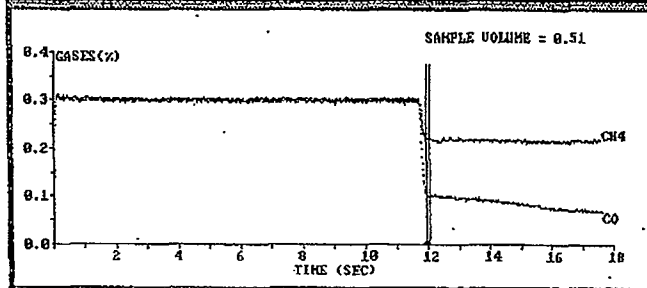
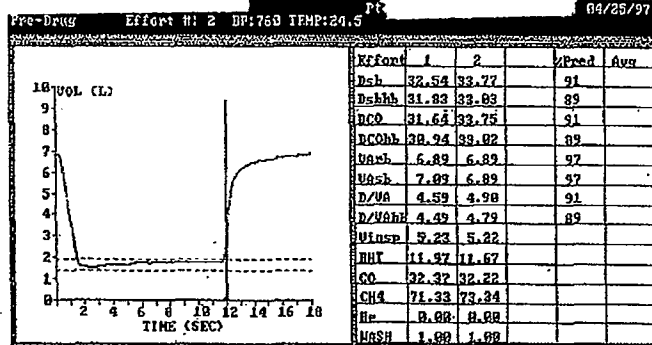
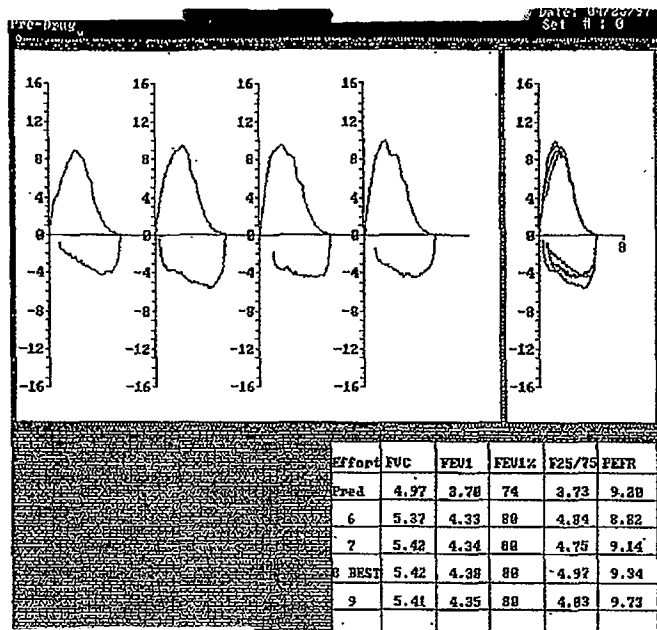
ARBOXY AND HEMOGLOBIN ARE CORRECTED.

REDACTED

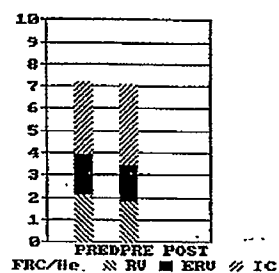
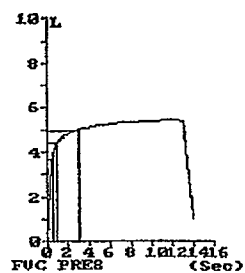
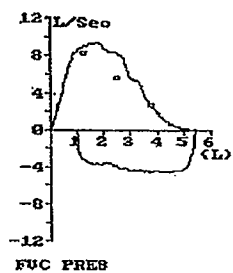


WR GRACE PIQ 61670-0029

REDACTED



REDACTED

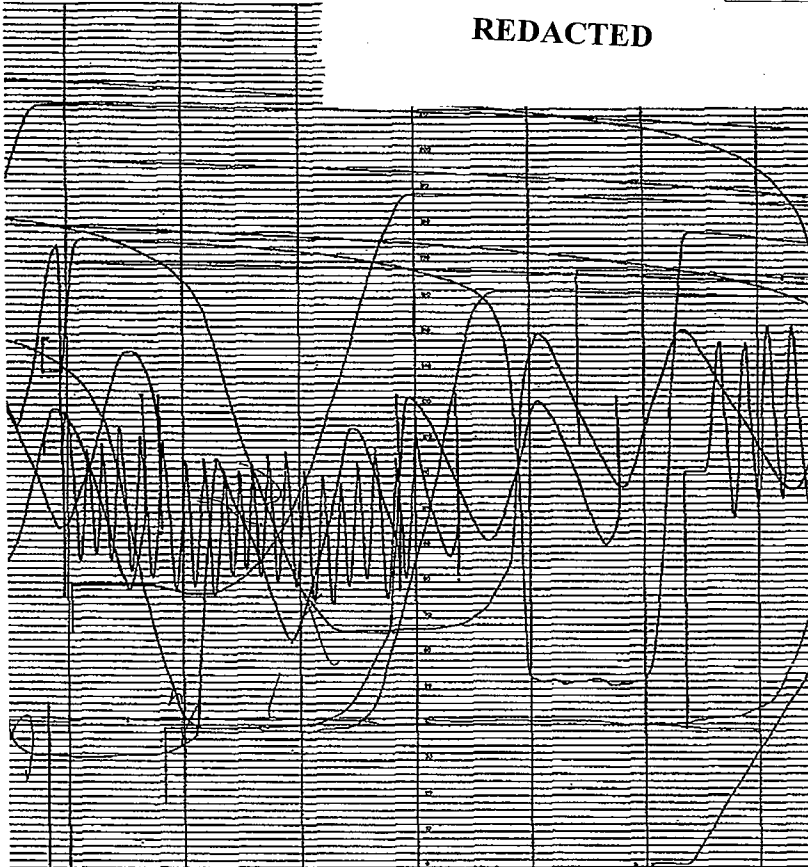




# OLLINS CHART PAPER

WARREN E. COLLINS, INC., BRAintree, MA. 02184

REDACTED



STURED BY WARREN E. COLLINS, INC., 220 WOOD ROAD, BRAintree, MA. 02184 (617) 642-0810

PRINTED IN U.S.A.

REORDER CHART PAPER 022025

CC



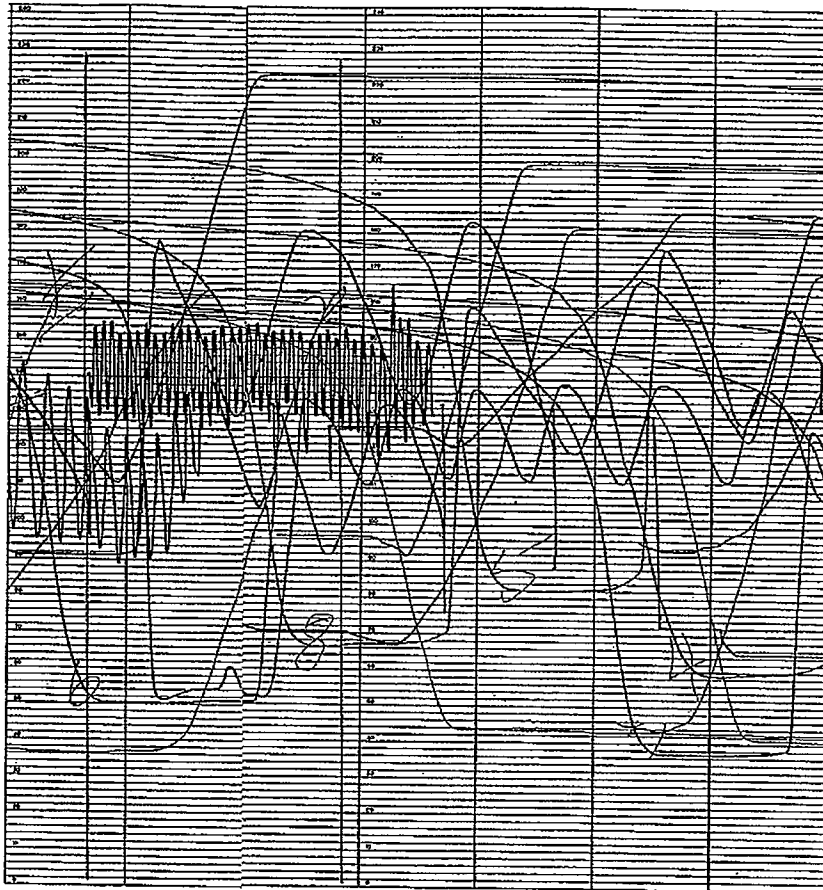


WR GRACE PIQ 61670-0032

NO. 022025

CATALOG NO. 022025

WARREN E. COLLINS, INC., BRAintree, MA. 02164



 Collins



REDACTED

AFFIDAVIT  
Of Significant Occupational Exposure

I, \_\_\_\_\_, being duly sworn, depose and say:

1. I had Significant Occupational Exposure to asbestos. I understand the phrase "on a regular basis" as used here means every workday for a substantial part of the workday. I state that for at least five years time, out of all the years I worked, I (*write your initials indicating one or more of the following*):

- ☒ a. personally handled raw asbestos fibers on a regular basis;
- ☐ b. personally fabricated asbestos-containing products so that in the fabrication process I was exposed on a regular basis to raw asbestos fibers;
- ☐ c. personally altered, repaired or otherwise worked with an asbestos-containing product such that I was exposed on a regular basis to asbestos fibers;
- DMW d. was employed in an industry and occupation such that I worked on a regular basis within ten to twenty feet of workers engaged in the activities described in (a), (b) and/or (c);

2. The workplace exposure to asbestos I described in Paragraph 1 above *was not* simply working at a factory or other facility where pipes or other parts of the building or machinery were insulated with asbestos that was altered, repaired, or otherwise worked with *once in a while*. Either I or other workers within ten to twenty feet of me handled raw asbestos or fabricated, altered, repaired or otherwise worked with asbestos-containing products *every workday for a substantial part of the workday for a total of at least five years all together*.

3. The workplace(s) where I had Significant Occupational Exposure to asbestos, and the jobs I performed there were (*give name of facility, city and state, and dates of the exposure; use additional paper if necessary*):

Dayton Malleable, Amcast Iron Foundry, Ironton, Ohio  
1969 - 1984 worked as a Millwright



WR GRACE PID 51670-0034

4. If the only part of Paragraph 1 that I initialed was 1(d), because I did not personally work with raw asbestos or asbestos-containing products on a regular basis but worked within ten to twenty feet of workers who did, the tasks those workers performed on a regular basis were:

This Job Millwrights and Furnace Employees Performed

REDACTED

Signature

State of Ohio

County of Lucas

Subscribed and sworn to this 5<sup>th</sup> day of May, 2006, before me, the undersigned, a notary public in and for the county and state written above, and as witnessed by my hand and official seal.

My commission expires the 14 day of May, 2006

Debra J. McIntyre  
Notary Signature

DEBRA J. MCINTYRE  
Notary Public, State of Ohio  
My Commission Expires 5-14-06



COMMONWEALTH OF KENTUCKY  
BOYD CIRCUIT COURT  
ACTION NO. 97-CI-00824

REG 21 1 03 PM '07

STEVEN E. HANKINS and  
DONNA HANKINS,

JAMES V. MAYNARD,

ROBERT L. NORRIS and  
KATHY NORRIS,

RICHARD TOWNSEND and  
SHIRLEY TOWNSEND,

REDACTED

RONALD KELLEY and  
LISA KELLEY,

CHARLES LEGG III and  
KEITHANN LEGG,

Plaintiffs,

vs.

ANCHOR PACKING COMPANY;

A. P. GREEN INDUSTRIES, INC.;

ARMSTRONG WORLD INDUSTRIES, INC.;

A. W. CHESTERTON COMPANY;

FLEXITALLIC GASKET COMPANY, INC.;

FLINTKOTE COMPANY;

GAF CORPORATION (RUBEROID);

GARLOCK, INC.;

GENERAL REFRACTORIES COMPANY;

GEORGIA-PACIFIC CORPORATION;

C O M P L A I N T

D.C.  
1129



HARBISON-WALKER REFRACTORIES; )  
 KAISER REFRACTORIES; )  
 METROPOLITAN LIFE INSURANCE )  
 COMPANY; )  
 NATIONAL GYPSUM COMPANY; )  
 NORTH AMERICAN REFRACTORIES )  
 COMPANY/NARCO; )  
 OWENS-CORNING FIBERGLAS )  
 CORPORATION; )  
 PITTSBURGH-CORNING CORPORATION; )  
 RAPID-AMERICAN CORPORATION; )  
 ROSS BROTHERS CONSTRUCTION )  
 COMPANY; )  
 RUTLAND FIRE CLAY COMPANY; )  
 UNIROYAL, INC.; )  
 UNITED STATES GYPSUM COMPANY; )  
 U. S. MINERAL PRODUCTS COMPANY; )  
 WESTINGHOUSE ELECTRIC CORPORATION; )  
 W. R. GRACE & COMPANY; )  
 Defendants. )

#### COMPLAINT

Come now the Plaintiffs for their Complaint and state as follows:

1. (a) Plaintiffs, Steven E. Hankins and Donna Hankins, reside in Lawrence County, Ohio. Plaintiff, Steven E. Hankins, Social Security Number 281-52-0853, was at all times relevant hereto employed in an industry in Boyd County, Kentucky, namely,



WR GRACE PIQ 51670-0037

REDACTED

*Preyost*

**DOMINIC GAZIANO, M.D., F.O.C.P.**  
CHEST MEDICAL SERVICES, INC.  
PULMONARY DISEASES & INTERNAL MEDICINE  
3100 MACCORKLE AVE., S.E.  
SUITE 404  
CHARLESTON, WV 25304  
304-346-1811

1. Miner's Name (Print)	1A. Date of X-ray MO. DAY YR. 09 09 96	1B. Miner's Social Security Number	1C. Film Quality (If not Grade 1, Give Reason) 7 2 3 4
-------------------------	--	------------------------------------	---

1D. Is Film Completely Negative? YES ☐ Proceed to Section 5 NO ☒ Complete Section 2A

2A. Any Parenchymal Abnormalities Consistent with Pneumoconiosis? YES ☒ Complete 2B and 2C NO ☐ Proceed to Section 3

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <th>PRIMARY</th> <th>SECONDARY</th> </tr> <tr> <td>P 1 Q 2 R 3 S 4</td> <td>P 1 Q 2 R 3 S 4</td> </tr> </table> <p>b. ZONES</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1 2 3 4</td> <td>5 6 7 8</td> </tr> </table> <p>c. PROFUSION</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>0 1 2 3</td> <td>4 5 6 7</td> </tr> </table>	PRIMARY	SECONDARY	P 1 Q 2 R 3 S 4	P 1 Q 2 R 3 S 4	1 2 3 4	5 6 7 8	0 1 2 3	4 5 6 7	<p>2C. LARGE OPACITIES</p> <p>SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3</p>
PRIMARY	SECONDARY								
P 1 Q 2 R 3 S 4	P 1 Q 2 R 3 S 4								
1 2 3 4	5 6 7 8								
0 1 2 3	4 5 6 7								

2A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES ☐ Complete 2B, 2C and 2D NO ☒ Proceed to Section 4

<p>2B. PLEURAL THICKENING</p> <p>a. Diaphragm (plegma)</p> <p>SITE <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</p> <p>b. Costophrenic Angle</p> <p>SITE <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</p>	<p>2C. PLEURAL THICKENING ... Chest Wall</p> <p>a. CIRCUMSCRIBED (plegma)</p> <p>SITE <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</p> <p>In Profile L Width R Width Face On R Extent L Extent</p> <p>0 1 2 3 0 1 2 3</p> <p>b. Diffuse</p> <p>SITE <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</p> <p>In Profile L Width R Width Face On R Extent L Extent</p> <p>0 1 2 3 0 1 2 3</p>
---	---

2D. PLEURAL CALCIFICATION

<p>SITE <input type="checkbox"/> O <input type="checkbox"/> R EXTENT</p> <p>a. Diaphragm 0 1 2 3</p> <p>b. Wall 0 1 2 3</p> <p>c. Other Sites 0 1 2 3</p>	<p>SITE <input type="checkbox"/> O <input type="checkbox"/> L EXTENT</p> <p>a. Diaphragm 0 1 2 3</p> <p>b. Wall 0 1 2 3</p> <p>c. Other Sites 0 1 2 3</p>
---	---

2A. ANY OTHER ABNORMALITIES YES ☐ Complete 4B and 4C NO ☒ Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

REPORT ITEMS WHICH MAY BE OF PRESENT CLINICAL SIGNIFICANCE IN THIS SECTION (Specify)

OD \_\_\_\_\_ Date Personal Physician notified? MO. DAY YR. 09 09 96

4C. OTHER COMMENTS

SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C? YES ☐ NO ☒ Proceed to Section 5

5A. FACILITY PROVIDING ROENTGENOGRAPHIC EXAMINATION *WR GRACE*

Film Identification \_\_\_\_\_

PHYSICIAN'S SIGNATURE *Domino* DATE OF READING 9/25/96  
(MO., DAY, YR.)



**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

IN RE:	)	
	)	Chapter 11
	)	
W.R. GRACE & CO., <i>et al.</i>	)	Case No. 01-01139 (JFK)
Debtors.	)	Jointly Administered
	)	
	)	
	)	

**General Objections to Claimant Discovery Questionnaire**

("Claimant") hereby makes the following general objections to the W.R. Grace Asbestos Personal Injury Questionnaire (the "Discovery Questionnaire"):

I. Pursuant to Federal Rule of Civil Procedures (26)(b)(4)(B), Claimant objects to the Discovery Questionnaire to the extent that it seeks disclosure of facts known or opinions held by any expert who has been retained or specially employed in anticipation of litigation or preparation for trial and who is not expected to be called as a witness at trial. Additionally, discovery is ongoing and claimant reserves the right to supplement its response. Without limiting the foregoing, Claimant objects to the following provisions of the Discovery Questionnaire as violative of Fed. R. Civ. P. 26(b)(4)(B):

- (A) Claimant objects to Section C of the Instructions to the extent that it requests the completion of Part II of the Discovery Questionnaire "if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors."
- (B) Claimant objects to Section C of the Instructions to the extent that it requests the production of "any and all documents" that "support or conflict with your diagnosis."
- (C) Claimant objects to Section C of the Instructions to the extent that it requests the production of "all x-ray readings and reports."
- (D) Claimant objects to Section C of the Instructions to the extent that it requests the production of "all pulmonary function test results, including the actual raw data and all spirometric tracings, on which the results are based."
- (E) Claimant objects to Section J of the Instructions to the extent that it requests the production of "any and all documents" that "support or conflict with your diagnosis."



- (F) Claimant objects to Part II of the Discovery Questionnaire to the extent that it requests disclosure of "diagnoses and diagnostic tests" by "multiple doctors" concerning "previous or subsequent diagnoses or diagnostic tests that change or conflict with the original diagnoses." Claimant urges this objection with regard to all "condition(s)" for which disclosure is requested.

II. Claimant further objects to the Discovery Questionnaire to the extent that it seeks disclosure of any privileged communications between Claimant, and/or a representative of Claimant, and any attorney for Claimant, and/or a representative of any attorney for Claimant. In addition, pursuant to Federal Rule of Civil Procedure 26(b)(3), Claimant objects to the Discovery Questionnaire to the extent that it seeks disclosure of the work product of any attorney for Claimant, including but not limited to the mental impressions, conclusions, opinions or legal theories of any attorney or other representative of Claimant. Specifically, and without limiting the foregoing, Claimant objects to the following provisions of the Discovery Questionnaire as violative of the attorney-client communication and/or attorney work product privileges.

- (A) Claimant objects to Part II of the Discovery Questionnaire to the extent that it asks if Claimant "retain[ed] counsel in order to receive any of the services performed by the diagnosing doctor."
- (B) Claimant objects to Part II of the Discovery Questionnaire to the extent that it asks if "the diagnosing doctor was referred to you by counsel."
- (C) Claimant objects to Part II of the Discovery Questionnaire to the extent that it asks if Claimant is "aware of any relationship between the diagnosing doctor and your legal counsel" unless Claimant's knowledge was obtained other than through communication with Claimant's legal counsel and/or his/her representative.
- (D) These objections are urged with regard to each instance that the above questions are asked in sections 2, 3, 4, 5, 6, and 7 of Part II of the Discovery Questionnaire.

III. Claimant further objects to Section a.6 of Part VII of the Discovery Questionnaire to the extent that it seeks disclosure of settlements reached with other defendants that are subject to binding confidentiality agreements.

IV. These general objections are made in addition to, and without waiver of, any specific objections contained within the response to the Discovery Questionnaire itself. This covering sheet is intended to be, and is hereby, incorporated into the Discovery Questionnaire as if repeated therein verbatim in full.





V. By submitting this response to the Discovery Questionnaire, Claimant does not intend to, and hereby does not, submit to the jurisdiction of the United States District Court for the District of Delaware, to the United States Bankruptcy Court for the District of Delaware, or to any other court. Claimants reserve (i) all objections to jurisdiction and/or venue, (ii) all protections afforded under Federal Rule of Civil Procedure 45 and Federal Bankruptcy Rule of Procedure 9016, and (iii) the right to jury trial afforded under 28 U.S.C § 157(b)(5).

Respectfully submitted,

A handwritten signature in dark ink, which appears to read "Joseph F. Rice", is written over a horizontal line.

Joseph F. Rice, Esquire

Motley Rice LLC

P.O. Box 1792

Mt. Pleasant, South Carolina 29465

843-216-9000

843-216-9450 fax



### **Key To Additional Objections**

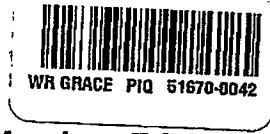
Obj. 1: See General Objections, and furthermore, Objection, to the extent that this item is requesting information from the claimant that the claimant does not have and for which the burden of obtaining said information is the same for the debtors as it is for the claimant. Where available it has been included and or attached. Board Certifications of some physicians may be reflected on the attached medical records. A list of NIOSH certified B-readers obtained by claimant's counsel from NIOSH has been attached hereto.

Obj. 2: See General Objections, and attached medical and exposure records.

Obj. 3: See General Objections and the request is vague and burdensome, and furthermore, unlikely to lead to the discovery of admissible evidence. Notwithstanding that objection, see attached medical profile and records.

Obj. 4: See General Objections.

Obj. 5: Claimant's counsel has verified and signed this discovery response pursuant to the Federal Rules of Civil Procedure.



**MotleyRice**

Joseph F. Rice  
Licensed in SC  
DIRECT DIAL 843.216.9159  
DIRECT FAX 843.216.9290  
JRice@motleyrice.com

July 10, 2006

**VIA FEDERAL EXPRESS**

Rust Consulting, Inc.  
Claims Processing Agent  
Re: WR Grace & Co.  
201 S. Lyndale Ave.  
Faribault, MN 55021

In re: W.R. Grace & Co., et al., Debtors  
Case No. 01-01139 (JFK)  
Asbestos Personal Injury Questionnaire

Dear Sir or Madam:

Enclosed with this packet is a CD that sets forth Product Identification evidence and a data DVD that contains the initial responses we have generated in PDF format on behalf of certain clients to whom this Firm is providing representation in the above-referenced bankruptcy proceeding. The within responses pertain obviously to the blank questionnaire forms that were served upon tens of thousands of individuals who had sued W.R. Grace or one of its affiliated entities in the tort system prior to April 2, 2001, for personal injury or death caused by exposure to an asbestos-containing product for which Grace or a related entity was and remains legally responsible.

First, a prefatory comment with regard to the process by which this Firm was forced to ascertain on whose behalf a questionnaire response might be required and would be submitted. Unfortunately, the face of each blank questionnaire sent to this Firm (several thousand in number) included only a potential claimant's name and a unique barcode. No other information was provided with the questionnaire that would have enabled us perhaps to identify precisely the exact client for whom it was intended. As we have indicated to you before, this Firm represents thousands of asbestos personal injury claimants, a multitude of whom share common names. We requested that you provide us with a Social Security number for each claimant whose questionnaire you sent us, but this information you refused, or were unable, to furnish. Accordingly, we are providing responses only for those clients whose identity and status as a potential Grace claimant we could confidently and prudently determine. Otherwise, to disclose in this proceeding confidential and privileged information concerning other uninvolved clients would subject this Firm to potential civil liability and disciplinary proceedings.

www.motleyrice.com

Motley Rice LLC  
Attorneys at Law



MT. PLEASANT

28 BRIDGESIDE BLVD.  
P.O. BOX 1792  
MT. PLEASANT, SC 29465  
843-216-9000  
843-216-9450 FAX

BARNWELL

1750 JACKSON ST.  
P.O. BOX 365  
BARNWELL, SC 29812  
803-224-8800  
803-259-7048 FAX

PROVIDENCE

321 SOUTH MAIN ST.  
P.O. BOX 6067  
PROVIDENCE, RI 02940  
401-457-7700  
401-457-7708 FAX

HARTFORD

ONE CORPORATE CENTER  
20 CHURCH ST., 17TH FLOOR  
HARTFORD, CT 06103  
860-882-1681  
860-882-1682 FAX

ATLANTA

600 WEST PEACHTREE ST.  
SUITE 800  
ATLANTA, GEORGIA 30308  
404-201-6900  
404-201-6959 FAX



Secondly, consistent with the provisions of the Federal Rules of Civil Procedure that govern discovery proceedings like the one initiated by these Debtors, in our enclosed responses we have answered many of the questions or interrogatories propounded, objected to others, and where entirely appropriate have attached relevant documents meant to be responsive to the questions posed. The net effect of this manner of responding is to equalize as between the Debtors and the responding party the burden of obtaining or producing the information sought. In this vein, be advised that we have also included in this packet a pleading that sets forth with supporting citations the grounds, both general and specific, for any and all objections interposed.

Thirdly, you will observe that in responding in this fashion on behalf of the claimants whose identity we could ascertain, we have obviously converted the questionnaire to an electronic format. But we have done so without changing the order or substance of the questions posed, and have included with each separate claimant response the unique barcode assigned to the claimant. These measures are clearly permissible under the case management orders previously entered by the Court. Also, take note that for those claimants for whom we did not have a barcode, we generated a questionnaire response with a designated barcode of "UNAVAILABLE."

Finally, be advised that as counsel for the various claimants identified in the enclosed responses, we do hereby reserve the right to supplement any response or documentation provided on their behalf, notwithstanding any purported deadline that the Debtors have sought to impose. We do hereby reserve as well the right to respond after the specified due date of July 12, 2006, to any blank questionnaire that was sent to this Firm concerning a client whom we are able subsequent thereto to identify for the first time, or to a questionnaire that was, without notice to us, mailed directly to a claimant (or a third party) to whom this Firm may be authorized or obligated to provide representation herein.

Any questions concerning this letter or the within responses should be directed to the undersigned.

Sincerely,

  
Joseph F. Rice

JRF/rc  
Enclosures

Align top of FedEx Express Shipping Label here.

Origin ID: (843)216-9301  
my Broadwell  
oley Rice LLC  
8 Bridgeside Blvd.  
it Pleasant, SC 29465

SHIP TO: (507)333-4300

BILL SENDER

VR Grace  
%O Rust Consulting, Inc.  
01 S. Lyndale Avenue  
aribault, MN 55021

Ship Date: 10JUL06  
ActWgt: 1 LB  
SysItem#: 9078858/NET2500  
Account#: S \*\*\*\*\*

REF: 900604

Delivery Address Bar Code



STANDARD OVERNIGHT

TUE

Deliver By:  
11JUL06  
AA

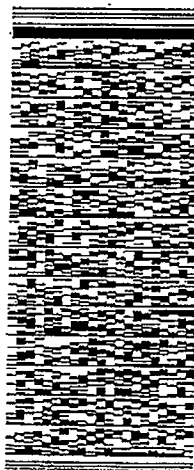
FORM  
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WR GRACE PIQ 61870-8044

For FedEx Express® Shipments Only

Express

**FEDEX**



WR GRACE PIQ 51618-0001

# **W. R. Grace Asbestos Personal Injury Questionnaire**

**REDACTED**

RE:

REC'D JUL 11 2006

Motley Rice LLC

P.O. Box 1792

Mount Pleasant, SC 29465



\*000171019096\*



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WR GRACE PIQ 51618-0003

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE

In re: ) Chapter 11  
 )  
W. R. GRACE & CO., et al., ) Case No. 01-01139 (JKF)  
 ) Jointly Administered  
Debtors. )  
 )

**W. R. Grace  
Asbestos Personal Injury  
Questionnaire**

YOU HAVE RECEIVED THIS QUESTIONNAIRE BECAUSE GRACE BELIEVES THAT YOU HAD SUED ONE OR MORE OF THE DEBTORS LISTED IN APPENDIX A ATTACHED TO THIS QUESTIONNAIRE BEFORE GRACE FILED FOR BANKRUPTCY ON APRIL 2, 2001 FOR AN ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH CLAIM, AND THAT CLAIM WAS NOT FULLY RESOLVED.

IF YOU HAVE SUCH A CLAIM, YOU MUST COMPLETE AND SUBMIT THIS QUESTIONNAIRE BY JANUARY 12, 2006 TO RUST CONSULTING, INC., THE CLAIMS PROCESSING AGENT, AT ONE OF THE FOLLOWING ADDRESSES:

IF SENT BY U.S. MAIL

RUST CONSULTING, INC.  
CLAIMS PROCESSING AGENT  
RE: W.R. GRACE & CO. BANKRUPTCY  
P.O. BOX 1620  
FARIBAULT, MN 55021

IF SENT BY FEDERAL EXPRESS, UNITED PARCEL SERVICE, OR A SIMILAR HAND DELIVERY SERVICE

RUST CONSULTING, INC.  
CLAIMS PROCESSING AGENT  
RE: W.R. GRACE & CO. BANKRUPTCY  
201 S. LYNDAL AVE.  
FARIBAULT, MN 55021

A QUESTIONNAIRE (AND ANY AMENDMENTS OR ADDITIONAL DOCUMENTS IN SUPPORT OF THE QUESTIONNAIRE) WILL NOT BE CONSIDERED UNLESS RECEIVED BY RUST CONSULTING, INC. BY JANUARY 12, 2006.

THIS QUESTIONNAIRE IS AN OFFICIAL DOCUMENT APPROVED BY THE COURT IN CONNECTION WITH ESTIMATING GRACE'S ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE. THE QUESTIONNAIRE IS BEING USED BY W. R. GRACE AS A MEANS TO SEEK INFORMATION ABOUT YOUR ASBESTOS CLAIM. BY TIMELY RETURNING THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE, GRACE, THE OFFICIAL COMMITTEES, AND THE FUTURE CLAIMANTS REPRESENTATIVE WILL SEEK TO PRIORITIZE THE PROCESSING OF YOUR CLAIM UNDER ANY TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION.

THE COURT HAS ORDERED THAT, AS PART OF THE DISCOVERY PROCESS, ALL HOLDERS OF PRE-PETITION ASBESTOS PERSONAL INJURY CLAIMS MUST COMPLETE AND RETURN THIS QUESTIONNAIRE. THUS, FAILURE TO TIMELY RETURN THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE MAY RESULT IN SANCTIONS AND/OR OTHER RELIEF AVAILABLE UNDER APPLICABLE FEDERAL RULES.

BECAUSE YOUR CLAIM WILL BE EVALUATED IN ACCORDANCE WITH THE TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION, COMPLETION OF THIS QUESTIONNAIRE DOES NOT MEAN THAT YOUR CLAIM WILL EITHER BE ALLOWED OR PAID. TO THE EXTENT YOU ATTACH TO THIS QUESTIONNAIRE DOCUMENTS ALSO NEEDED BY THE TRUST TO PROCESS YOUR CLAIM, SUCH DOCUMENTS WILL BE PROVIDED TO THE TRUST AND YOU WILL NOT NEED TO RESUBMIT THEM.





### INSTRUCTIONS

#### **A. GENERAL**

1. This Questionnaire refers to any lawsuit that you filed before April 2, 2001 for an "asbestos-related personal injury or wrongful death claim." This term is intended to cover any lawsuit alleging any claim for personal injuries or damages that relates to: (a) exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors (or any of their respective past or present affiliates, or any of the predecessors of any of the Debtors or any of their respective past or present affiliates), or (b) exposure to vermiculite mined, milled or processed by the Debtors (or any of their respective past or present affiliates, any of the predecessors of any of the Debtors or any of their predecessors' respective past or present affiliates). It includes claims in the nature of or sounding in tort, or under contract, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, or indemnity, or any other theory of law or equity, or admiralty for, relating to, or arising out of, resulting from, or attributable to, directly or indirectly, death, bodily injury, sickness, disease, or other personal injuries or other damages caused, or allegedly caused, directly or indirectly, and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors. It includes all such claims, debts, obligations or liabilities for compensatory damages such as loss of consortium, personal or bodily injury (whether physical, emotional or otherwise), wrongful death, survivorship, proximate, consequential, general, special, and punitive damages.
2. Your Questionnaire will be deemed filed only when it has been received by Rust Consulting Inc., the Claims Processing Agent, via U.S. Mail, Federal Express, United Parcel Service or a similar hand delivery service. A Questionnaire that is submitted by facsimile, telecopy or other electronic transmission will not be accepted and will not be deemed filed.  
  
Do not send any Questionnaire to the Debtors, counsel for the Debtors, the Future Claimants Representative, the Official Committee of Unsecured Creditors, the Official Committee of Asbestos Personal Injury Claimants, the Official Committee of Asbestos Property Damage Claimants, the Official Committee of Equity Security Holders, or such Committees' counsel. Questionnaires that are filed with or sent to anyone other than Rust Consulting, Inc. will be deemed not to have been submitted, and such Questionnaires will not be considered.
3. Your completed Questionnaire must (i) be written in English, and (ii) attach relevant supporting materials as instructed further below.
4. All holders of claims described on page i (and as described in further detail in Instruction A (1) above) are required to file this Questionnaire by Jan. 12, 2006. Your Questionnaire will be used in connection with the estimation hearing to be conducted by the Court pursuant to the Estimation Procedures Order (a copy of which is attached as Appendix B).
5. Any subsequent amendment to the Questionnaire will not be considered for any purpose unless received by Jan. 12, 2006.

#### **B. PART I -- Identity of Injured Person and Legal Counsel**

Respond to all applicable questions. If you are represented by a lawyer, then in Part I (b), please provide your lawyer's name and the name, telephone number and address of his/her firm. If you are represented by a lawyer, he/she must assist in the completion of this Questionnaire. Also, if you would prefer that the Debtors send any additional materials only to your lawyer, instead of sending such materials to you, then check the box indicating this in Part I (b).

All references to "you" or the like in Parts I through X shall mean the injured person. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete this Questionnaire.

#### **C. PART II -- Asbestos-Related Condition(s)**

Please indicate all asbestos-related medical conditions for which you have been diagnosed. To complete questions related to injuries, medical diagnoses, and/or conditions, please use the following categories of customarily diagnosed conditions:

- Mesothelioma
- Asbestos-Related Lung Cancer
- Other Cancer (colon, laryngeal, esophageal, pharyngeal, or stomach)
- Clinically Severe Asbestosis
- Asbestosis
- Other Asbestos Disease

If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

**Supporting Documents for Diagnosis:** This Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that support or conflict with your diagnosis.

**X-rays and B-reads:** Please attach all x-ray readings and reports. You may, but are not required to, attach chest x-rays. The court, however, has ruled that Grace may seek access to chest x-rays upon request.

**Pulmonary Function Tests:** Please attach all pulmonary function test results, including the actual raw data and all spirometric tracings, on which the results are based.



WR GRACE PIQ 51818-0005

**D. PART III -- Direct Exposure to Grace Asbestos-Containing Products**

In Part III, please provide the requested information for the job and site at which you were exposed to Grace asbestos-containing products. Indicate the dates of exposure to each Grace asbestos-containing product. If your exposure was a result of your employment, use the list of occupation and industry codes below to indicate your occupation and the industry in which you worked at each site. If you allege exposure to Grace asbestos-containing products at multiple sites, the Court has ordered that you must complete a separate Part III for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

Attach copies of any and all documents establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the disease.

**Occupation Codes**

- |  |   |
|--|---|
| 01. Air conditioning and heating installer/maintenance           | 31. Iron worker   |
| 02. Asbestos miner   | 32. Joiner  |
| 03. Asbestos plant worker/asbestos manufacturing worker          | 33. Laborer   |
| 04. Asbestos removal/abatement                                   | 34. Longshoreman  |
| 05. Asbestos sprayer/spray gun mechanic                          | 35. Machinist/machine operator                            |
| 06. Assembly line/factory/plant worker                           | 36. Millwright/mill worker                                |
| 07. Auto mechanic/bodywork/brake repairman                       | 37. Mixer/bagger  |
| 08. Boilermaker  | 38. Non-asbestos miner                                    |
| 09. Boiler repairman   | 39. Non-occupational/residential                          |
| 10. Boiler worker/cleaner/inspector/engineer/installer           | 40. Painter   |
| 11. Building maintenance/building superintendent                 | 41. Pipefitter  |
| 12. Brake manufacturer/installer                                 | 42. Plasterer   |
| 13. Brick mason/layer/hod carrier                                | 43. Plumber - install/repair                              |
| 14. Burner operator  | 44. Power plant operator                                  |
| 15. Carpenter/woodworker/cabinetmaker                            | 45. Professional (e.g., accountant, architect, physician) |
| 16. Chipper  | 46. Railroad worker/carman/brakeman/machinist/conductor   |
| 17. Clerical/office worker                                       | 47. Refinery worker                                       |
| 18. Construction - general                                       | 48. Remover/installer of gaskets                          |
| 19. Custodian/janitor in office/residential building             | 49. Rigger/stevedore/seaman                               |
| 20. Custodian/janitor in plant/manufacturing facility            | 50. Rubber/tire worker                                    |
| 21. Electrician/inspector/worker                                 | 51. Sandblaster   |
| 22. Engineer   | 52. Sheet metal worker/sheet metal mechanic               |
| 23. Firefighter  | 53. Shipfitter/shipwright/ship builder                    |
| 24. Fireman  | 54. Shipyard worker (md. repair, maintenance)             |
| 25. Flooring installer/tile installer/tile mechanic              | 55. Steamfitter   |
| 26. Foundry worker   | 56. Steelworker   |
| 27. Furnace worker/repairman/installer                           | 57. Warehouse worker                                      |
| 28. Glass worker   | 58. Welder/blacksmith                                     |
| 29. Heavy equipment operator (includes truck, forklift, & crane) | 59. Other   |
| 30. Insulator  |   |

**Industry Codes**

- |  |  |
|--|--|
| 001. Asbestos abatement/removal          | 109. Petrochemical                             |
| 002. Aerospace/aviation                  | 110. Railroad                                  |
| 100. Asbestos mining                     | 111. Shipyard-construction/repair              |
| 101. Automotive                          | 112. Textile                                   |
| 102. Chemical                            | 113. Tire/rubber                               |
| 103. Construction trades                 | 114. U.S. Navy                                 |
| 104. Iron/steel                          | 115. Utilities                                 |
| 105. Longshore                           | 116. Grace asbestos manufacture or milling     |
| 106. Maritime                            | 117. Non-Grace asbestos manufacture or milling |
| 107. Military (other than U.S. Navy)     | 118. Other                                     |
| 108. Non-asbestos products manufacturing |  |

**E. PART IV -- Indirect Exposure to Grace Asbestos-Containing Products**

In Part IV, please provide the information requested for any injury alleged to have been caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person. If you allege exposure through contact/proximity with multiple injured persons, please complete a separate Part IV for each injured person. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

**F. PART V -- Exposure to Non-Grace Asbestos-Containing Products**

In Part V, please provide the requested information for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate Part V for each party. If exposure was in connection with your employment, use the list of occupation and industry codes in Part III to indicate your occupation and the industry in which you worked. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

**G. PART VI -- Employment History**

In Part VI, please provide the information requested for each industrial job you have held, other than jobs already listed in Parts III or V. Use the list of occupation and industry codes in the instructions to Part III to indicate your occupation and the industry in which you worked for each job. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

**H. PART VII -- Litigation and Claims Regarding Asbestos and/or Silica**

In Part VII, please describe any lawsuits and/or claims that were filed by you or on your behalf regarding asbestos or silica.

**I. PART VIII -- Claims by Dependents or Related Persons**

Part VIII is to be completed only by dependents or related persons (such as spouse or child) of an injured person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim against Grace not involving physical injury to him-/herself on account of his/her own exposure. One example of such a claim would be a claim for loss of consortium. If you are asserting such a claim, complete the entire Questionnaire, providing all information and documentation regarding the injured person.

**J. PART IX -- Supporting Documentation**

In Part IX, please mark the boxes next to each type of document that you are submitting with this Questionnaire. As indicated in the instructions to Parts II and III, this Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that (a) support or conflict with your diagnosis and/or (b) establish exposure to Grace asbestos-containing products as having a substantial causal role in the development of the medical diagnoses, and/or conditions claimed. Original documents provided to Grace will be returned within a reasonable time after its professionals and experts have reviewed the documents.

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such cost.

**K. PART X -- Attestation that Information is True, Accurate and Complete**

By signing Part X, you, the injured person, are attesting and swearing, under penalty of perjury, that, to the best of your knowledge, all of the information in this Questionnaire is true, accurate and complete. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete and sign Part X on behalf of the injured person.

The legal representative of the injured person must complete and sign Part X where indicated.

**PART I: IDENTITY OF INJURED PERSON AND LEGAL COUNSEL****a. GENERAL INFORMATION**

1. Name of Claimant:
2. Gender: Male
3. Race (for purposes of evaluating Pulmonary Function Test results): Not Available
4. Last Four Digits of Social Security Number:
5. Birth Date:
6. Mailing Address: REDACTED
7. Daytime Telephone Number:

REDACTED

**b. LAWYER'S NAME AND FIRM**

1. Name of Lawyer: Joseph F. Rice, Esquire
2. Name of Law Firm With Which Lawyer is Affiliated: Motley Rice LLC
3. Mailing Address of Firm: Post Office Box 1792  
Mount Pleasant, SC 29465
4. Law Firm's Telephone Number or Lawyer's Direct Line: 843-216-9000

[X] Check this box if you would like the Debtors to send subsequent material relating to your claim to your lawyer, in lieu of sending such materials to you.

**c. CAUSE OF DEATH (IF APPLICABLE)**

1. Is the injured person living or deceased? Deceased
- If deceased, date of death: 11/01/1990

2. If the injured person is deceased, then attach a copy of the death certification to this Questionnaire and complete the following:

Primary Cause of Death (as stated in the Death Certificate):

Contributing Cause of Death (as stated in the Death Certificate): See Attached Death Certificate (If Available)

**PART II: ASBESTOS-RELATED CONDITION(S)**

Mark the box next to the conditions with which you have been diagnosed and provide all information required in the instructions to this Questionnaire. If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire

**1. Condition being alleged: See attached Medical Profile and attached Medical Records**

- [ ] Asbestos-Related Lung Cancer [ ] Mesothelioma
- [ ] Asbestosis [ ] Other Cancer (cancer not related to lung cancer or mesothelioma)
- [ ] Other Asbestos Disease [ ] Clinically Severe Asbestosis

- a. Mesothelioma: If alleging Mesothelioma, were you diagnosed with malignant mesothelioma based on the following (check all that apply):

[Objection 1] diagnosis from a pathologist certified by the American Board of Pathology

[Objection 1] diagnosis from a second pathologist certified by the American Board of Pathology

[Objection 1] diagnosis and documentation supporting exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition



[ ] other (please specify):

- b. **Asbestos-Related Lung Cancer:** If alleging Asbestos-Related Lung Cancer, were you diagnosed with primary lung cancer based on the following (check all that apply):

[Objection 1] findings by a pathologist certified by the American Board of Pathology

[Objection 1] evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health

[Objection 1] evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health

[Objection 1] evidence of asbestosis determined by pathology

[Objection 1] evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health

[Objection 1] evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health

[Objection 1] diffuse pleural thickening as defined in the International Labour Organization's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)

[Objection 2] a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer

other (please specify):

- c. **Other Cancer:**

- (i) If alleging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged:

☐ colon ☐ pharyngeal ☐ esophageal ☐ laryngeal ☐ stomach cancer

[ ] other, please specify:

- (ii) Were you diagnosed with the above-indicated cancer based on the following (check all that apply):

[Objection 1] findings by a pathologist certified by the American Board of Pathology

[Objection 1] evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health

[Objection 1] evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health

[ ] evidence of asbestosis determined by pathology

[Objection 2] a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer

[ ] other (please specify):

- d. **Clinically Severe Asbestosis:** If alleging Clinically Severe Asbestosis, was your diagnosis based on the following (check all that apply):



[Objection 1] diagnosis of a pulmonologist or internist certified by the American Board of Internal

[Objection 1] a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health

[Objection 1] a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health

☐ asbestosis determined by pathology

☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating total lung capacity less than 65% predicted

☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted

[Objection 2] a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis

☐ other (please specify):

e. **Asbestosis:** If alleging Asbestosis, was your diagnosis based on the following (check all that apply):

[Objection 1] diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine

[Objection 1] a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)

[Objection 1] a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)

☐ asbestosis determined by pathology

☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted

[Objection 2] a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis

☐ other (please specify):

f. **Other Asbestos Disease:** If alleging any asbestos-related injuries, medical diagnoses, and/or conditions other than those above, was your diagnosis based on the following (check all that apply):

[Objection 1] diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine

☐ diagnosis determined by pathology

[Objection 1] a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)

[Objection 1] a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of*

*Radiographs and Pneumoconioses (2000)*

☐ a chest x-ray reading other than those described above

☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted

☐ a pulmonary function test other than that discussed above

**[Objection 2]** a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition

☐ a CT Scan or similar testing

☐ a diagnosis other than those above

☐ other (please specify):

## 2. Information Regarding Diagnosis See Attached Medical Profile and Medical Records

**Date of Diagnosis:**

**Diagnosing Doctor's Name:**

**Diagnosing Doctor's Specialty:** [ Objection 1]

**Diagnosing Doctor's Mailing Address:** [ Objection 2]

**Diagnosing Doctor's Daytime Telephone Number:** [ Objection 2]

**With respect to your relationship to the diagnosing doctor, check all applicable boxes:**

Was the diagnosing doctor your personal physician? [ Objection 3]

Was the diagnosing doctor paid for the diagnostic services that he/she performed? [ Objection 3]

*If yes, please indicate who paid for the services performed:*

Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? [ Objection 3]

Was the diagnosing doctor referred to you by counsel? [ Objection 3]

Are you aware of any relationship between the diagnosing doctor and your legal counsel? [ Objection 3]

*If yes, please explain:*

Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? [ Objection 1]

Was the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? [ Objection 1]

Was the diagnosing doctor provided with your complete occupational, medical and smoking history prior to diagnosis? See Attached Medical Records

Did the diagnosing doctor perform a physical examination? See Attached Medical Records

Do you currently use tobacco products? See Attached Medical Profile

Have you ever used tobacco products? See Attached Medical Profile

*If answer to either question is yes, please indicate whether you have regularly used any of the following tobacco products and the dates and frequency with which such products were used:*







Name of Doctor Performing Test (if applicable):

Doctor's Specialty:

Objection 2

Name of Clinician Performing Test (if applicable):

Testing Doctor or Clinician's Mailing Address:

Objection 2

Testing Doctor or Clinician's Daytime Telephone Number:

Objection 2

Name of Doctor Interpreting Test:

Doctor's Specialty:

Objection 2

Interpreting Doctor's Mailing Address:

Objection 2

Interpreting Doctor's Daytime Telephone Number:

Objection 2

With respect to your relationship to the doctor or clinician who performed the pulmonary function test check all applicable boxes:

If the test was performed by a doctor, was the doctor your personal physician?

[Objection 3]

Was the testing doctor and/or clinician paid for the services that he/she performed?

[Objection 3]

*If yes, please indicate who paid for the services performed:*

[Objection 3]

Did you retain counsel in order to receive any of the services performed by the testing doctor or clinician?

[Objection 3]

Was the testing doctor or clinician referred to you by counsel?

[Objection 3]

Are you aware of any relationship between either the doctor or clinician and your legal counsel?

[Objection 3]

*If yes, please explain:*

Was the testing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the pulmonary function test?

[Objection 2]

With respect to your relationship to the doctor interpreting the results of the pulmonary function test check all applicable boxes:

Was the doctor your personal physician?

[Objection 3]

Was the doctor paid for the services that he/she performed?

[Objection 3]

*If yes, please indicate who paid for the services performed:*

[Objection 3]

Did you retain counsel in order to receive any of the services performed by the doctor?

[Objection 3]

Was the doctor referred to you by counsel?

[Objection 3]

Are you aware of any relationship between the doctor and your legal counsel?

[Objection 3]

*If yes, please explain*

Was the doctor interpreting the pulmonary function test results certified as a pulmonologist or internist by the American Board of Internal Medicine at the time the test results were reviewed?

[Objection 2]

**6. Information Regarding Pathology Reports: See Objections Below and Attached Medical Profile or Medical Records**

Date of Pathology Report:

Findings:

Name of Doctor Issuing Report:

Doctor's Specialty:

[Objection 2]



Doctor's Mailing Address: [Objection 2]

Doctor's Daytime Telephone Number: [Objection 2]

With respect to your relationship to the doctor issuing the pathology report, check all applicable boxes:

Was the doctor your personal physician? [Objection 3]

Was the doctor paid for the services that he/she performed? [Objection 3]

*If yes, please indicate who paid for the services performed:* [Objection 3]

Did you retain counsel in order to receive any of the services performed by the doctor? [Objection 3]

Was the doctor referred to you by counsel? [Objection 3]

Are you aware of any relationship between the doctor and your legal counsel? [Objection 3]

*If yes, please explain:* [Objection 3]

Was the doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? [Objection 2]

**7. With respect to the condition alleged, have you received medical treatment from a doctor for the condition?**

*If yes, please complete the following:*

**Name of Treating Doctor:**

Treating Doctor's Specialty: Objection 2

Treating Doctor's Mailing Address: Objection 2

Treating Doctor's Daytime Telephone number: Objection 2

Was the doctor paid for the services that he/she performed? Objection 3

*If yes, please indicate who paid for the services performed:* Objection 3

Did you retain counsel in order to receive any of the services performed by the doctor? Objection 3

**PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS**

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Grace asbestos-containing products  
 installed, mixed, removed or cut by others
- (b) A worker who personally removed or cut Grace asbestos-containing products  
 installed, mixed, removed or cut by others
- (c) A worker who personally installed Grace asbestos-containing products  
 (f) If other, please specify.

Site of Exposure: See Grace Exposure Profile Attached hereto

Site Name:

Location:

Site Type:

Site Owner:

Employer During Exposure:

Unions of which you were a member during your employment:

☐ Residence ☐ Business

Product(s)	Basis for Identification of Each Grace Product	Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code If Code 59, specify.	Industry Code If Code 118, specify.	Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? If Yes, please indicate your regular proximity to such areas	Nature of Exposure
Job N Description:						





**PART IV: INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS**

1. Are you asserting an injury caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person? [See Attached Grace Exposure Profile]

*If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.*

2. Please indicate the following information regarding the other injured person:

Name of Other Injured Person:

Gender:

Last Four Digits of Social Security Number:

Birth Date:

3. What is your Relationship to Other Injured Person:

4. Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:

5. Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products: From: To:

6. Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product:

7. Has the Other Injured Person filed a lawsuit related to his/her exposure?

*If yes, please provide caption, case number, file date, and court name for the lawsuit:*

Caption:

Case Number:

File Date:

Court Name:

8. Nature of Your Own Exposure to Grace Asbestos-Containing Product:

9. Dates of Your Own Exposure to Grace Asbestos-Containing Product: From: To:

10. Your Basis for Identification of Asbestos-Containing Product as Grace Product:

**PART V: EXPOSURE TO NON-GRACE ASBESTOS-CONTAINING PRODUCTS**

See Attached Non Grace Exposure Profile

Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Non-Grace asbestos-containing products      (d) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (b) A worker who personally removed or cut Non-Grace asbestos-containing products      (e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (c) A worker who personally installed Non-Grace asbestos-containing products      (f) If other, please specify.

Party Against which Lawsuit or Claim was Filed:		Product(s)	Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code If Code 59, specify.	Industry Code If Code 118, specify.	Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? If Yes, please indicate your regular proximity to such areas	Nature of Exposure
Site of Exposure N	Job N Description:						
Site Name: Address: City and State: Site Owner:	Job P Description:						





**PART VI: EMPLOYMENT HISTORY**

**See Attached Exposure Profile**

Other than jobs listed in Part III or V, please complete this Part VI for all of your prior industrial work experience up to and including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

**Occupation Code:**

If Code 59, specify:

**Industry Code:**

If Code 118, specify:

**Employer:**

**Beginning of Employment:**

**End of Employment:**

**Location:**



## PART VII: LITIGATION AND CLAIMS REGARDING ASBESTOS AND/OR SILICA

## a. LITIGATION

1. Have you ever been a plaintiff in a lawsuit regarding asbestos or silica? [Yes]

*If yes, please complete the rest of this Part VII(a) for each lawsuit. For your convenience, additional copies of Part VII are attached as Appendix G to this Questionnaire*

2. Please provide the caption, case number, file date, and court name for the lawsuit you filed: See Attached Litigation Profile and Objection 4

Caption:

Case Number:

File Date:

Court Name:

3. Was Grace a defendant in the lawsuit? ["Yes, but verification of this information can be achieved by referencing litigation documents, pleadings, and records in the Debtors' possession."]

4. Was the lawsuit dismissed against any defendant? [Objection 4]

*If yes, please provide the basis for dismissal of the lawsuit against each defendant:*

5. Has a judgment or verdict been entered? [Objection 4]

*If yes, please indicate verdict amount for each defendant(s):*

6. Was a settlement agreement reached in this lawsuit?

*If yes and the settlement was reached on or after April 2, 2001, please indicate the following:*

- a. Settlement amount for each defendant: [Objection 4]
- b. Applicable defendants: [Objection 4]
- c. Disease or condition alleged: [Objection 4]
- d. Disease or condition settled (if different than disease or condition alleged): [Objection 4]

7. Were you deposed in this lawsuit?

*If yes and Grace was not a party in the lawsuit, please attach a copy of your deposition to this Questionnaire.*

## b. CLAIMS

1. Have you ever asserted a claim regarding asbestos and/or silica, including but not limited to a claim against an asbestos trust (other than a formal lawsuit in court)? [Objection 4]

*If yes, please complete the rest of this Part VII(b). If no, please skip to Part VIII.*

2. Date the claim was submitted: [Objection 4]

3. Person or entity against whom the claim was submitted: [Objection 4]

4. Description of claim: [Objection 4]

5. Was claim settled? [Objection 4]

6. Please indicate settlement amount: [Objection 4]

7. Was the claim dismissed or otherwise disallowed or not honored? [Objection 4]

*If yes, provide the basis for dismissal of the claim:*

**PART VIII: CLAIMS BY DEPENDENTS OR RELATED PERSONS**

Name of Dependent or Related Person: N/A  
 Gender:  
 Last Four Digits of Social Security Number:  
 Birth Date:  
 Financially Dependent:  
 Relationship to Injured Party: ☐ Spouse ☐ Child ☐ Other If other, please specify  
 Mailing Address:  
 Daytime Telephone number:

**PART IX: SUPPORTING DOCUMENTATION**

Please use the checklists below to indicate which documents you are submitting with this form. See Attached Documents

**Copies:**

- |   |  |
|---|--|
| <input type="checkbox"/> Medical records and/or report containing a diagnosis                       | <input type="checkbox"/> X-rays  |
| <input type="checkbox"/> Lung function test results   | <input type="checkbox"/> X-ray reports/interpretations   |
| <input type="checkbox"/> Lung function test interpretations   | <input type="checkbox"/> CT scans  |
| <input type="checkbox"/> Pathology reports  | <input type="checkbox"/> CT scan reports/interpretations                                       |
| <input type="checkbox"/> Supporting documentation of exposure to Grace asbestos-containing products | <input type="checkbox"/> Depositions from lawsuits indicated in Part VII of this Questionnaire |
| <input type="checkbox"/> Supporting documentation of other asbestos exposure                        | <input type="checkbox"/> Death Certification   |

**Originals:**

- |  |  |
|--|--|
| <input type="checkbox"/> Medical records and/or report containing a diagnosis                        | <input type="checkbox"/> Supporting documentation of other asbestos exposure |
| <input type="checkbox"/> Lung function test results  | <input type="checkbox"/> X-rays  |
| <input type="checkbox"/> Lung function test interpretations  | <input type="checkbox"/> X-ray reports/interpretations                       |
| <input type="checkbox"/> Pathology reports   | <input type="checkbox"/> CT scans  |
| <input type="checkbox"/> Supporting documentation of exposure to Grace asbestos' containing products | <input type="checkbox"/> CT scan reports/interpretations                     |
|  | <input type="checkbox"/> Death Certification                                 |

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such costs:





**PART X: ATTESTATION THAT INFORMATION IS TRUE AND ACCURATE**

The information provided in this Questionnaire must be accurate and truthful. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your Claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.

**TO BE COMPLETED BY THE INJURED PERSON. Objection 5**

I swear, under penalty of perjury, that, to the best of my knowledge, all of the foregoing information contained in this Questionnaire is true, accurate and complete.

Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**TO BE COMPLETED BY THE LEGAL REPRESENTATIVE OF THE INJURED PERSON.**

I swear that, to the best of my knowledge, all of the information contained in this Questionnaire is true, accurate and complete.

Signature:

Please Print Name: Joseph F. Rice, Esquire

Date: 07/10/2006



**Per Motley Rice cover letter: “Enclosed with this packet is a CD that sets forth Product Identification evidence...”.**

**The information contained on this CD has been attached and can be referenced at PIQ Doc ID 51574, pages 21 to 4363.**

009110.000

**Motley Rice LLC Asbestos Exposure Profile****Exposee Name**                    **REDACTED****Last 4 of SSN****A. W.R. Grace & Company Exposure**

Job Site	Start - End Date	Employer / Union	Industry	Occupation
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**B. Other Asbestos Exposure**

Job Site	Start - End Date	Employer / Union	Industry	Occupation
		Asbestos Workers		
	01/00/1950 - 01/00/1986	Local Union #48 / N. A.		26 Insulator
Habersham County Schools	01/00/1951 - 01/00/1954	N. A. / N. A.	School	26 Insulator
Franklin County Schools	01/00/1953 - 01/00/1956	N. A. / N. A.	School	26 Insulator
Hart County Schools	01/00/1953 - 01/00/1956	N. A. / N. A.	School	26 Insulator
Piedmont Hospital	01/00/1956 - 01/00/1960	North Brothers / N. A.	Hospital	26 Insulator
Atlanta Gas Light Company	01/00/1958 - 01/00/1959	N. A. / N. A.	Public Utility	26 Insulator
Fort Benning Hospital	01/00/1959 - 01/00/1960	North Brothers / N. A.	Hospital	26 Insulator
Chamblee Telephone Company	01/00/1959 - 01/00/1960	Mundet Cork Company / N. A.		26 Insulator
Florida State University	01/00/1960 - 01/00/1961	Industry Insulation Co. / N. A.	School	26 Insulator
Various Sites	01/00/1960 - 01/00/1969	N. A. / N. A.	Construction	26 Insulator
Florida State College (Forestry Building)	01/00/1961 - 01/00/1962	Industry Insulation Co. / N. A.	College	26 Insulator

009110.000

**Motley Rice LLC Asbestos Litigation Profile**



WR GRACE PIQ 51818-0029

Caption	Court	Civil Action Number	State Filed	Date Filed
	Habersham County Magistrate Court, Georgia	89-5238(3)	GA	06/30/1989

**Motley Rice LLC Medical Profile****Asbestos Related Diagnosis Information**

Disease Category	Diagnosis	Primary	DX-Date	Physician	Exam Type
Lung Cancer	Lung Cancer	Undetermined	04/06/1987	Turk, L. Newton	Pathology Report
Non Malignant	Asbestosis	N/A (Applies to Non-Mal Only)	06/12/1987	Turk, L. Newton	
Lung Cancer	Lung Cancer		02/14/1988	Tate, Charles F.	
Non Malignant	Asbestosis	N/A (Applies to Non-Mal Only)	04/17/1988	Tate, Charles F.	

**Radiology Information**

Type	X-Ray/CT Scan Date	Impression	Report Date	Physician	Facility
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**B-Reading Information**

X-Ray Date	Date of Reading	B-Reader	FQ	Completely Negative?	CXR Profusion	Pleural	B2 or Greater?	Other Symbols
03/13/1987	01/25/1988	Silbiger, Martin	1	No	1/1	Bilateral	Yes	

**PFT Information**

Type	PFT-Date	PFT-Facility	FVC%	FEV1/FVC	TLC%	DLCO%
------	----------	--------------	------	----------	------	-------

**Tobacco History**

Did the individual formerly smoke? Yes

Is the individual currently smoking?

Has the individual ever used any smokeless tobacco products? Yes

Type	Volume (Per Day)	Quantity	Start Year	End Year	Pack Years
Cigarettes	Packs	3 PPD	12/31/1937	12/31/1980	

**Motley Rice LLC -- Medical Documentation Follows**





634 M.D. VOHMAN, M.D. DIRECTOR OF LABORATORY	
634 HOSP #: 585357 DOB:	
L Newton Turk III MD	
Age: 65 Sex:	
ACCESSION NO. 587-3120 04/06/87	
PHYSICIAN'S COPY	

REDACTED

# SURGICAL PATHOLOGY REPORT

## GROSS DESCRIPTION

- 1) THE SPECIMEN LABELED PLEURA, STUDY FOR ASBESTOS, CONSISTS OF AN IRREGULARLY-SHAPED FRAGMENT OF THICKENED PLEURA MEASURING 6 X 3.5 X .5 CM. THE CONSISTENCY IS LEATHERY AND THE COLOR IS YELLOWISH-GREY. REPRESENTATIVE SECTIONS ARE SUBMITTED. (6)
- 2) THE SPECIMEN LABELED WEDGE OF RIGHT LOWER LOBE CONSISTS OF A WEDGE FRAGMENT OF LUNG WEIGHING 13 GM AND MEASURING 6 X 4.5 X 2 CM. SECTIONING REVEALS A POORLY CIRCUMSCRIBED TUMOR MASS WHICH MEASURES 2 X 1.5 X 1 CM. ONE AREA MARKED WITH SUTURE IS NOTED TO BE THE CLOSEST EXCISIONAL MARGIN. ON FROZEN SECTION, THE TUMOR HAS BEEN REPORTED AS BRONCHOALVEOLAR CARCINOMA AND FROZEN SECTION OF THE EXCISIONAL MARGIN HAS BEEN REPORTED AS POSITIVE FOR TUMOR. REPRESENTATIVE SECTIONS ARE SUBMITTED. (4)
- 3) THE SPECIMEN LABELED WEDGE SECTION, RIGHT UPPER LOBE OF LUNG, CONSISTS OF A WEDGE FRAGMENT OF LUNG WEIGHING 16 GM AND MEASURING 6 X 4.5 X 1.5 CM. SECTIONING REVEALS A POORLY CIRCUMSCRIBED TUMOR MASS WHICH MEASURES 1.5 X 1 X 1 CM. ONE AREA ON THE SURFACE OF THE SPECIMEN HAS BEEN MARKED WITH SUTURE WHICH ON FROZEN SECTION HAS BEEN REPORTED AS EXCISIONAL MARGIN POSITIVE FOR TUMOR. THE FROZEN SECTION OF THE MAIN TUMOR HAS BEEN REPORTED AS BRONCHOALVEOLAR CARCINOMA. REPRESENTATIVE SECTIONS ARE SUBMITTED. (3)
- 4) THE SPECIMEN LABELED MARGIN, RIGHT LOWER LOBE OF LUNG, CONSISTS OF A STRIP OF LUNG TISSUE MEASURING 6.5 X 1 X .3 CM. FROZEN SECTION OF THIS SPECIMEN HAS BEEN REPORTED NEGATIVE FOR MALIGNANCY.
- 5) THE SPECIMEN LABELED MARGIN, RIGHT UPPER LOBE, CONSISTS OF A FRAGMENT OF LUNG TISSUE MEASURING 6 X 1.5 X 1 CM. FROZEN SECTION OF THIS SPECIMEN HAS BEEN REPORTED NEGATIVE FOR MALIGNANCY. REPRESENTATIVE SECTIONS ARE SUBMITTED. (3)

NDV/DBS

CONTINUED

DATE	PATHOLOGIST	DATE	REVIEWED BY	00129
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ST HOSPITAL GEORGIA L. Newton Turk III MD 04/06/87		H.C. VOHMAN, M.D. DIRECTOR OF LABORATORY	
OPERATIVE DX:		Harrison, HOSP 2<VISIT NO>-MR2<MED RECORD>	
PREVIOUS OPERATION:		DOB: L. Newton Turk III MD	
ANATOMIC SOURCE OF SPECIMEN:		Age: Sex:	
<input type="checkbox"/> FROZEN SECTION		O.R. ROOM NO. 5873120 - 04/06/87	

PHYSICIAN'S COPY

## SURGICAL PATHOLOGY REPORT

GROSS DESCRIPTION  
PAGE 2MICROSCOPIC DIAGNOSIS

1. SEGMENT OF PLEURA SHOWING EXTENSIVE FIBROSIS AND HYALINIZATION
2. MODERATELY DIFFERENTIATED BRONCHOALVEOLAR CARCINOMA, WEDGE RIGHT LOWER LOBE EXTENDING BEYOND THE EXCISIONAL MARGIN
3. MODERATELY DIFFERENTIATED BRONCHOALVEOLAR CARCINOMA, WEDGE RIGHT UPPER LOBE EXTENDING BEYOND THE EXCISIONAL MARGIN
- 4,5. MARGINS OF RIGHT LOWER AND UPPER LOBES OF LUNG, NEGATIVE FOR MALIGNANCY

COMMENT:

THE LUNG TISSUE SURROUNDING THE TUMORS REVEAL AN EXTENSIVE DEGREE OF FIBROSIS AND MODERATE EMPHYSEMA. EIGHT BLOCKS OF TISSUE SPECIMEN HAVE BEEN UTILIZED FOR IRON STAINS, INCLUDING THE SECTIONS OF PLEURA REVEALING SCATTERED ASBESTOS FIBERS WITHIN THE PLEURA AS WELL AS THE LUNG TISSUE.

MDV/DMF

4-8-87  
DATEH. Darlun Vohman MD  
PATHOLOGIST

DATE

REVIEWED BY 00752

REDACTED





WR GRACE PIQ 61618-0028

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

REDACTED

PLAINTIFFS,

vs.

CIVIL ACTION NO.:

THE CELOTEX CORPORATION,  
Successor in Interest to  
Philip Carey Manufacturing  
Co., Philip Carey Corp.,  
Briggs Manufacturing Co., and  
Panacon Corp.,  
A Delaware Corporation;

Plaintiffs demand a  
jury trial

OWENS-CORNING FIBERGLASS CORP.,  
A Delaware Corporation;

FIBREBOARD CORPORATION,  
A Delaware Corporation;

GAF CORPORATION,  
A Delaware Corporation,

ARMSTRONG WORLD INDUSTRIES,  
INC., A Pennsylvania Corporation;

RAYMARK INDUSTRIES, INC.,  
Successor In Interest to Raybestos-  
Manhattan, Inc.,  
A Connecticut Corporation;

EAGLE-PICHER INDUSTRIES, INC.,  
An Ohio Corporation;

KEENE CORPORATION,  
A New Jersey Corporation;

PITTSBURGH-CORNING CORPORATION,  
A Pennsylvania Corporation;

GARLOCK, INC.,  
A New York Corporation,

AC&S, INC.,  
A Pennsylvania Corporation,

U.S. MINERAL PRODUCTS CO.,  
A New Jersey Corporation;



WR GRACE PIQ 51618-0029

NATIONAL GYPSUM COMPANY,  
A Delaware Corporation;  
UNITED STATES GYPSUM COMPANY,  
A Delaware Corporation;  
OWENS-ILLINOIS, INC.,  
An Ohio Corporation,  
CAREY-CANADA, INC. (Carey Canadian  
Mines, Ltd.),  
A Foreign Corporation,  
COMBUSTION ENGINEERING, INC.,  
A Delaware Corporation,  
H.K. PORTER COMPANY, INC.  
individually and as successor to  
Southern Textile Corporation and  
Southern Asbestos Company,  
A Pennsylvania Corporation,  
DEFENDANTS.

REDACTED

COMPLAINT

NOW COME the Plaintiffs, and LOIS  
, citizens and residents of the State of Georgia, and  
sue the Defendants and allege as follows:

JURISDICTION

I.

Jurisdiction is founded on diversity of citizenship and  
the matter in controversy exceeds, exclusive of interest and  
costs the sum of Ten Thousand (\$10,000.00) Dollars. That as is  
evidenced by the caption of the instant Complaint which is  
specifically incorporated herein, the Defendants are foreign  
corporations who are amenable to the jurisdiction of the Courts  
of Georgia or who are subject to the jurisdiction of the Courts

REDACTED



WR GRACE PIQ 51518-0050

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

REDACTED

PLAINTIFFS,

vs.

THE CELOTEX CORPORATION,  
Successor in Interest to  
Philip Carey Manufacturing  
Co., Philip Carey Corp.,  
Briggs Manufacturing Co., and  
Panacon Corp.,  
A Delaware Corporation;

OWENS-CORNING FIBERGLASS CORP.,  
A Delaware Corporation;

FIBREBOARD CORPORATION,  
A Delaware Corporation;

GAF CORPORATION,  
A Delaware Corporation,

ARMSTRONG WORLD INDUSTRIES,  
INC., A Pennsylvania Corporation;

RAYMARK INDUSTRIES, INC.,  
Successor In Interest to Raybestos-  
Manhattan, Inc.,  
A Connecticut Corporation;

EAGLE-PICHER INDUSTRIES, INC.,  
An Ohio Corporation;

KEENE CORPORATION,  
A New Jersey Corporation;

PITTSBURGH-CORNING CORPORATION,  
A Pennsylvania Corporation;

GARLOCK, INC.,  
A New York Corporation,

AC&S, INC.,  
A Pennsylvania Corporation,

U.S. MINERAL PRODUCTS CO.,  
A New Jersey Corporation;

CIVIL ACTION NO.:

Plaintiffs demand a  
jury trial



WR GRACE PIQ 61618-0031

NATIONAL GYPSUM COMPANY,  
A Delaware Corporation; )  
 )  
UNITED STATES GYPSUM COMPANY, )  
A Delaware Corporation; )  
 )  
OWENS-ILLINOIS, INC., )  
An Ohio Corporation, )  
 )  
CAREY-CANADA, INC. (Carey Canadian )  
Mines, Ltd.), )  
A Foreign Corporation, )  
 )  
COMBUSTION ENGINEERING, INC., )  
A Delaware Corporation, )  
 )  
H.K. PORTER COMPANY, INC. )  
individually and as successor to )  
Southern Textile Corporation and )  
Southern Asbestos Company, )  
A Pennsylvania Corporation, )  
 )  
DEFENDANTS. )

COMPLAINT

NOW COME the Plaintiffs, and  
, citizens and residents of the State of Georgia, and  
sue the Defendants and allege as follows:

JURISDICTION

I.

Jurisdiction is founded on diversity of citizenship and the matter in controversy exceeds, exclusive of interest and costs the sum of Ten Thousand (\$10,000.00) Dollars. That as is evidenced by the caption of the instant Complaint which is specifically incorporated herein, the Defendants are foreign corporations who are amenable to the jurisdiction of the Courts of Georgia or who are subject to the jurisdiction of the Courts

REDACTED



WR GRACE PIQ 61618-0032

REDACTED

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL  
National Institute for Occupational Safety and Health  
Federal Mine Safety and Health Act of 1977  
Mutual Examination Program  
ROENTGENOGRAPHIC INTERPRETATION

OMB No. 616-0132  
Expires 9/84

NOTE: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form and return it promptly to:  
Reading Center  
Appalachian Laboratory for Occupational Safety and Health  
Box 4218  
Martinsburg, West Virginia 26105

WORKER'S Social Security Number: [REDACTED] TYPE OF READING: [A] [X] [F] FACILITY IDENTIFICATION: [REDACTED]

1A. DATE OF X-RAY [REDACTED]	1B. FILM QUALITY [X] [2] [3] [4] [5] [6] [7] [8] [9] [10] [11] [12] [13] [14] [15] [16] [17] [18] [19] [20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [30] [31] [32] [33] [34] [35] [36] [37] [38] [39] [40] [41] [42] [43] [44] [45] [46] [47] [48] [49] [50] [51] [52] [53] [54] [55] [56] [57] [58] [59] [60] [61] [62] [63] [64] [65] [66] [67] [68] [69] [70] [71] [72] [73] [74] [75] [76] [77] [78] [79] [80] [81] [82] [83] [84] [85] [86] [87] [88] [89] [90] [91] [92] [93] [94] [95] [96] [97] [98] [99] [100] [101] [102] [103] [104] [105] [106] [107] [108] [109] [110] [111] [112] [113] [114] [115] [116] [117] [118] [119] [120] [121] [122] [123] [124] [125] [126] [127] [128] [129] [130] [131] [132] [133] [134] [135] [136] [137] [138] [139] [140] [141] [142] [143] [144] [145] [146] [147] [148] [149] [150] [151] [152] [153] [154] [155] [156] [157] [158] [159] [160] [161] [162] [163] [164] [165] [166] [167] [168] [169] [170] [171] [172] [173] [174] [175] [176] [177] [178] [179] [180] [181] [182] [183] [184] [185] [186] [187] [188] [189] [190] [191] [192] [193] [194] [195] [196] [197] [198] [199] [200] [201] [202] [203] [204] [205] [206] [207] [208] [209] [210] [211] [212] [213] [214] [215] [216] [217] [218] [219] [220] [221] [222] [223] [224] [225] [226] [227] [228] [229] [230] [231] [232] [233] [234] [235] [236] [237] [238] [239] [240] [241] [242] [243] [244] [245] [246] [247] [248] [249] [250] [251] [252] [253] [254] [255] [256] [257] [258] [259] [260] [261] [262] [263] [264] [265] [266] [267] [268] [269] [270] [271] [272] [273] [274] [275] [276] [277] [278] [279] [280] [281] [282] [283] [284] [285] [286] [287] [288] [289] [290] [291] [292] [293] [294] [295] [296] [297] [298] [299] [300] [301] [302] [303] [304] [305] [306] [307] [308] [309] [310] [311] [312] [313] [314] [315] [316] [317] [318] [319] [320] [321] [322] [323] [324] [325] [326] [327] [328] [329] [330] [331] [332] [333] [334] [335] [336] [337] [338] [339] [340] [341] [342] [343] [344] [345] [346] [347] [348] 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[515] [516] [517] [518] [519] [520] [521] [522] [523] [524] [525] [526] [527] [528] [529] [530] [531] [532] [533] [534] [535] [536] [537] [538] [539] [540] [541] [542] [543] [544] [545] [546] [547] [548] [549] [550] [551] [552] [553] [554] [555] [556] [557] [558] [559] [560] [561] [562] [563] [564] [565] [566] [567] [568] [569] [570] [571] [572] [573] [574] [575] [576] [577] [578] [579] [580] [581] [582] [583] [584] [585] [586] [587] [588] [589] [590] [591] [592] [593] [594] [595] [596] [597] [598] [599] [600] [601] [602] [603] [604] [605] [606] [607] [608] [609] [610] [611] [612] [613] [614] [615] [616] [617] [618] [619] [620] [621] [622] [623] [624] [625] [626] [627] [628] [629] [630] [631] [632] [633] [634] [635] [636] [637] [638] [639] [640] [641] [642] [643] [644] [645] [646] [647] [648] [649] [650] [651] [652] [653] [654] [655] [656] [657] [658] [659] [660] [661] [662] [663] [664] [665] [666] [667] [668] [669] [670] [671] [672] [673] [674] [675] [676] [677] [678] [679] [680] [681] [682] [683] [684] [685] [686] [687] [688] [689] [690] [691] [692] [693] [694] [695] [696] [697] [698] [699] [700] [701] [702] [703] [704] [705] [706] [707] [708] [709] [710] [711] [712] [713] [714] [715] [716] [717] [718] [719] [720] [721] [722] [723] [724] [725] [726] [727] [728] [729] [730] [731] [732] [733] [734] [735] [736] [737] [738] [739] [740] [741] [742] [743] [744] [745] [746] [747] [748] [749] [750] [751] [752] [753] [754] [755] [756] [757] [758] [759] [760] [761] [762] [763] [764] [765] [766] [767] [768] [769] [770] [771] [772] [773] [774] [775] [776] [777] [778] [779] [780] [781] [782] [783] [784] [785] [786] [787] [788] [789] [790] [791] [792] [793] [794] [795] [796] [797] [798] [799] [800] [801] [802] [803] [804] [805] [806] [807] [808] [809] [810] [811] [812] [813] [814] [815] [816] [817] [818] [819] [820] [821] [822] [823] [824] [825] [826] [827] [828] [829] [830] [831] [832] [833] [834] [835] [836] [837] [838] [839] [840] [841] [842] [843] [844] [845] [846] [847] [848] [849] [850] [851] [852] [853] [854] [855] [856] [857] [858] [859] [860] [861] [862] [863] [864] [865] [866] [867] [868] [869] [870] [871] [872] [873] [874] [875] [876] [877] [878] [879] [880] [881] [882] [883] [884] [885] [886] [887] [888] [889] [890] [891] [892] [893] [894] [895] [896] [897] [898] [899] [900] [901] [902] [903] [904] [905] [906] [907] [908] [909] [910] [911] [912] [913] [914] [915] [916] [917] [918] [919] [920] [921] [922] [923] [924] [925] [926] [927] [928] [929] [930] [931] [932] [933] [934] [935] [936] [937] [938] [939] [940] [941] [942] [943] [944] [945] [946] [947] [948] [949] [950] [951] [952] [953] [954] [955] [956] [957] [958] [959] [960] [961] [962] [963] [964] [965] [966] [967] [968] [969] [970] [971] [972] [973] [974] [975] [976] [977] [978] [979] [980] [981] [982] [983] [984] [985] [986] [987] [988] [989] [990] [991] [992] [993] [994] [995] [996] [997] [998] [999] [1000]	1C. IS FILM COMPLETELY NEGATIVE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input checked="" type="checkbox"/> COMPLETE 2B and 2C NO <input type="checkbox"/> PROCEED TO SECTION 3		
2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY SECONDARY [REDACTED] b. ZONES [REDACTED] c. PROPUSION [REDACTED]	2C. LARGE OPACITIES SIZE [REDACTED] PROCEED TO SECTION 3	
3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input checked="" type="checkbox"/> COMPLETE 3B, 3C and 3D NO <input type="checkbox"/> PROCEED TO SECTION 4		
3B. PLEURAL THICKENING a. DIAPHRAGM (plaque) SITE [REDACTED] b. COSTOPHREMIC ANGLE SITE [REDACTED]	3C. PLEURAL THICKENING... Chest Wall a. CIRCUMSCRIBED (plaque) SITE [REDACTED] b. DIFFUSE SITE [REDACTED]	
3D. PLEURAL CALCIFICATION a. DIAPHRAGM b. WALL c. OTHER SITES		
4A. ANY OTHER ABNORMALITIES? YES <input type="checkbox"/> COMPLETE 4B and 4C NO <input type="checkbox"/> PROCEED TO SECTION 5		
4B. OTHER SYMBOLS (OBLIGATORY) [REDACTED] Report items which may be of present clinical significance in this section. [REDACTED]		
4C. OTHER COMMENTS [REDACTED] SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PROCEED TO SECTION 5		
5. FILM READER'S INITIALS [REDACTED] PHYSICIAN'S SOCIAL SECURITY NUMBER* [REDACTED] DATE OF READING [REDACTED] NAME (LAST-FIRST-MIDDLE) [REDACTED] STREET ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]		



IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE

IN RE:	)	
	)	Chapter 11
	)	
W.R. GRACE & CO., <i>et al.</i>	)	Case No. 01-01139 (JFK)
Debtors.	)	Jointly Administered
	)	
	)	
	)	

General Objections to Claimant Discovery Questionnaire

("Claimant") hereby makes the following general objections to the W.R. Grace Asbestos Personal Injury Questionnaire (the "Discovery Questionnaire"):

I. Pursuant to Federal Rule of Civil Procedures (26)(b)(4)(B), Claimant objects to the Discovery Questionnaire to the extent that it seeks disclosure of facts known or opinions held by any expert who has been retained or specially employed in anticipation of litigation or preparation for trial and who is not expected to be called as a witness at trial. Additionally, discovery is ongoing and claimant reserves the right to supplement its response. Without limiting the foregoing, Claimant objects to the following provisions of the Discovery Questionnaire as violative of Fed. R. Civ. P. 26(b)(4)(B):

- (A) Claimant objections to Section C of the Instructions to the extent that it requests the completion of Part II of the Discovery Questionnaire "if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors."
- (B) Claimant objects to Section C of the Instructions to the extent that it requests the production of "any and all documents" that "support or conflict with your diagnosis."
- (C) Claimant objects to Section C of the Instructions to the extent that it requests the production of "all x-ray readings and reports."
- (D) Claimant objects to Section C of the Instructions to the extent that it requests the production of "all pulmonary function test results, including the actual raw data and all spirometric tracings, on which the results are based."
- (E) Claimant objects to Section J of the Instructions to the extent that it requests the production of "any and all documents" that "support or conflict with your diagnosis."



- (F) Claimant objects to Part II of the Discovery Questionnaire to the extent that it requests disclosure of "diagnoses and diagnostic tests" by "multiple doctors" concerning "previous or subsequent diagnoses or diagnostic tests that change or conflict with the original diagnoses." Claimant urges this objection with regard to all "condition(s)" for which disclosure is requested.

II. Claimant further objects to the Discovery Questionnaire to the extent that it seeks disclosure of any privileged communications between Claimant, and/or a representative of Claimant, and any attorney for Claimant, and/or a representative of any attorney for Claimant. In addition, pursuant to Federal Rule of Civil Procedure 26(b)(3), Claimant objects to the Discovery Questionnaire to the extent that it seeks disclosure of the work product of any attorney for Claimant, including but not limited to the mental impressions, conclusions, opinions or legal theories of any attorney or other representative of Claimant. Specifically, and without limiting the foregoing, Claimant objects to the following provisions of the Discovery Questionnaire as violative of the attorney-client communication and/or attorney work product privileges.

- (A) Claimant objects to Part II of the Discovery Questionnaire to the extent that it asks if Claimant "retain[ed] counsel in order to receive any of the services performed by the diagnosing doctor."
- (B) Claimant objects to Part II of the Discovery Questionnaire to the extent that it asks if "the diagnosing doctor was referred to you by counsel."
- (C) Claimant objects to Part II of the Discovery Questionnaire to the extent that it asks if Claimant is "aware of any relationship between the diagnosing doctor and your legal counsel" unless Claimant's knowledge was obtained other than through communication with Claimant's legal counsel and/or his/her representative.
- (D) These objections are urged with regard to each instance that the above questions are asked in sections 2, 3, 4, 5, 6, and 7 of Part II of the Discovery Questionnaire.

III. Claimant further objects to Section a.6 of Part VII of the Discovery Questionnaire to the extent that it seeks disclosure of settlements reached with other defendants that are subject to binding confidentiality agreements.

IV. These general objections are made in addition to, and without waiver of, any specific objections contained within the response to the Discovery Questionnaire itself. This covering sheet is intended to be, and is hereby, incorporated into the Discovery Questionnaire as if repeated therein verbatim in full.



V. By submitting this response to the Discovery Questionnaire, Claimant does not intend to, and hereby does not, submit to the jurisdiction of the United States District Court for the District of Delaware, to the United States Bankruptcy Court for the District of Delaware, or to any other court. Claimants reserve (i) all objections to jurisdiction and/or venue, (ii) all protections afforded under Federal Rule of Civil Procedure 45 and Federal Bankruptcy Rule of Procedure 9016, and (iii) the right to jury trial afforded under 28 U.S.C § 157(b)(5).

Respectfully submitted,

A handwritten signature in dark ink, which appears to read "Joseph F. Rice", is written over a horizontal line.

Joseph F. Rice, Esquire

Motley Rice LLC

P.O. Box 1792

Mt. Pleasant, South Carolina 29465

843-216-9000

843-216-9450 fax





### **Key To Additional Objections**

Obj. 1: See General Objections, and furthermore, Objection, to the extent that this item is requesting information from the claimant that the claimant does not have and for which the burden of obtaining said information is the same for the debtors as it is for the claimant. Where available it has been included and or attached. Board Certifications of some physicians may be reflected on the attached medical records. A list of NIOSH certified B-readers obtained by claimant's counsel from NIOSH has been attached hereto.

Obj. 2: See General Objections, and attached medical and exposure records.

Obj. 3: See General Objections and the request is vague and burdensome, and furthermore, unlikely to lead to the discovery of admissible evidence. Notwithstanding that objection, see attached medical profile and records.

Obj. 4: See General Objections.

Obj. 5: Claimant's counsel has verified and signed this discovery response pursuant to the Federal Rules of Civil Procedure.



WR GRACE PIQ 51818-0037

**MotleyRice**

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July 10, 2006

**VIA FEDERAL EXPRESS**

Rust Consulting, Inc.  
Claims Processing Agent  
Re: WR Grace & Co.  
201 S. Lyndale Ave.  
Faribault, MN 55021

In re: W.R. Grace & Co., et al., Debtors  
Case No. 01-01139 (JFK)  
Asbestos Personal Injury Questionnaire

Dear Sir or Madam:

Enclosed with this packet is a CD that sets forth Product Identification evidence and a data DVD that contains the initial responses we have generated in PDF format on behalf of certain clients to whom this Firm is providing representation in the above-referenced bankruptcy proceeding. The within responses pertain obviously to the blank questionnaire forms that were served upon tens of thousands of individuals who had sued W.R. Grace or one of its affiliated entities in the tort system prior to April 2, 2001, for personal injury or death caused by exposure to an asbestos-containing product for which Grace or a related entity was and remains legally responsible.

First, a prefatory comment with regard to the process by which this Firm was forced to ascertain on whose behalf a questionnaire response might be required and would be submitted. Unfortunately, the face of each blank questionnaire sent to this Firm (several thousand in number) included only a potential claimant's name and a unique barcode. No other information was provided with the questionnaire that would have enabled us perhaps to identify precisely the exact client for whom it was intended. As we have indicated to you before, this Firm represents thousands of asbestos personal injury claimants, a multitude of whom share common names. We requested that you provide us with a Social Security number for each claimant whose questionnaire you sent us, but this information you refused, or were unable, to furnish. Accordingly, we are providing responses only for those clients whose identity and status as a potential Grace claimant we could confidently and prudently determine. Otherwise, to disclose in this proceeding confidential and privileged information concerning other uninvolved clients would subject this Firm to potential civil liability and disciplinary proceedings.

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Motley Rice LLC  
Attorneys at Law



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ATLANTA

600 WEST PEACHTREE ST.  
SUITE 800  
ATLANTA, GEORGIA 30308  
404-201-6900  
404-201-6959 FAX



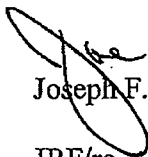
Secondly, consistent with the provisions of the Federal Rules of Civil Procedure that govern discovery proceedings like the one initiated by these Debtors, in our enclosed responses we have answered many of the questions or interrogatories propounded, objected to others, and where entirely appropriate have attached relevant documents meant to be responsive to the questions posed. The net effect of this manner of responding is to equalize as between the Debtors and the responding party the burden of obtaining or producing the information sought. In this vein, be advised that we have also included in this packet a pleading that sets forth with supporting citations the grounds, both general and specific, for any and all objections interposed.

Thirdly, you will observe that in responding in this fashion on behalf of the claimants whose identity we could ascertain, we have obviously converted the questionnaire to an electronic format. But we have done so without changing the order or substance of the questions posed, and have included with each separate claimant response the unique barcode assigned to the claimant. These measures are clearly permissible under the case management orders previously entered by the Court. Also, take note that for those claimants for whom we did not have a barcode, we generated a questionnaire response with a designated barcode of "UNAVAILABLE."

Finally, be advised that as counsel for the various claimants identified in the enclosed responses, we do hereby reserve the right to supplement any response or documentation provided on their behalf, notwithstanding any purported deadline that the Debtors have sought to impose. We do hereby reserve as well the right to respond after the specified due date of July 12, 2006, to any blank questionnaire that was sent to this Firm concerning a client whom we are able subsequent thereto to identify for the first time, or to a questionnaire that was, without notice to us, mailed directly to a claimant (or a third party) to whom this Firm may be authorized or obligated to provide representation herein.

Any questions concerning this letter or the within responses should be directed to the undersigned.

Sincerely,

  
Joseph F. Rice  
JRF/rc  
Enclosures



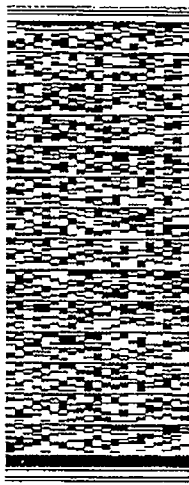
# Express

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 oley Rice LLC  
 3 Bridgeville Blvd.  
 Pleasant, SC 29465



CL532266-7/22

Bill To: (507) 333-4300  
 VR Grace  
 10 Rust Consulting, Inc.  
 101 S. Lyndale Avenue  
 Caribault, MN 55021



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